# The Influence of Workplace Ostracism and Organizational Cynicism on Organizational Silence among Nursing Staff

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**Abstract**

**Background:** Workplace ostracism limits opportunities for social interaction and discourages nursing staff from forming lasting and meaningful relationships in an organization and organizational cynicism and organizational silence are barriers against the improvement of organizations. **Aim:** The study aimed to investigate the effect of workplace ostracism and organizational cynicism on organizational silence among nursing staff. **Subjects and Method: Design:** Descriptive correlation research design was utilized. **Setting:** The study was conducted at medical and surgical departments at Benha University Hospital. **Subjects:** a sample of nursing staff 362 (46 head nurses and 316 nurses). **Tools:** Three tools were used for data collection of this research as follows; workplace ostracism scale, organizational cynicism scale and organizational silence scale. **Results:** Ninety percent (92.5%) of nursing staff had a low level of workplace ostracism, more than two third (68.8%) of nursing staff had a low level of total organizational cynicism, and less than half (45.9%) of nursing staff had a high level of total issues for remaining organizational silence. **Conclusion:** A significant positive correlation between total workplace ostracism dimensions, total organizational cynicism dimensions and dimensions of organizational silence. **Recommendations:** it is recommended to conduct continuous periodic training programs for nursing staff in different health care units to increase their awareness about organizational cynicism, development of a cooperative system considers nursing staff thought and ideas, which leads to a sense of loyalty, cooperation, and commitment toward the hospital, and improve and develop methods and mechanisms for communication with nurses to avoid the silent behavior of the nursing staff.

***Keywords****:* Organizational cynicism, organizational silence, nursing staff, workplace ostracism.

**Introduction**

A nurturing emergent concern is developed in healthcare organizations for diverse healthcare professionals, specifically nurses' attitudes. Effectiveness and efficiency of nurse's performance can be affected by their negative emotions [(1)]. The mechanism of ostracism is based on the proposition of the 'Social Exchange Theory'. Negative responses are created, once any individual or employee feels that he or she is being neglected by peers, co-workers, or groups. Work is one of the most important parts of an individual's life. They spend adequate time of their day in organization. Therefore, establishing healthy interpersonal relationships among nurses has become a necessity in their organizational lives; this brings a variety of outcomes for nurses as well as for their organization [(2)].

The concept of ostracism is defined as ignoring and ignoring employees in their environment. Ostracism can be seen in all environments as well as in workplaces. This situation can harm the workplace as well as the nurses [(3)]. Another type of concept is social ostracism, which is defined as being ignored and rejected by another person or group despite the desire of the rejected nurses to communicate [(4)]. Because of the need to be part of a group, ostracism is sad and not pleasant, ostracized behavior in the workplace includes limitation of necessary knowledge, avoidance of speech and eye contact, and indifference [(5)]. Ostracism also defined as the extent to which nurses perceives that he/she is excluded or ignored by others [(6)]. When nurses are ostracized, they cannot enter social interactions with other organizational members [(7)].

Language-based ostracism is type of ostracism, which occurs when two or several nurses talks with a language that cannot be comprehended by others. It may either be purposeful when actors intentionally hurt others, while in non-purposeful ostracism actors unintentionally exhibit the actions that hurt others [(8)]. Ostracism can be considered as a hidden pain which extremely affects nurse's attitude and will destroy their motivation [(9)]. At attitudinal level ostracism can also decreases nurses' emotions, self-esteem, and well-being [(8)]. Workplace ostracism has other negative consequences such as lower group commitment and higher staff turnover [(10)], decreased levels of organizational citizenship behaviors, increased levels of deviance and lower levels of job satisfaction [(11)]. In addition, workplace ostracism may result in nurses' depression, anxiety, and distress [(12)].

Ostracism is a menacing source of bringing discomfort and dissatisfaction in nurses' life [13].

Cynicism is defined as "an attitude resulting from a critical appraisal of the motives, actions, and values of one's employing organization" [15]. While organizational cynicism brings about negative significances affecting nurses and the overall healthcare organization**.** Organizational cynicism is referring to staff nurse's behavioral reaction to adverse circumstances in the work environment. Besides, it is a feeling of resentment towards the organization; management lacks honesty, justice, transparency causing unfriendliness, disappointment, insecurity, hopelessness, anger, mistrust of institutions or persons, group, ideology and social skills[14]. Organizational cynicism arises when the nurses believe that organizations lacking honesty. This perception is that there is no honesty, more particularly; morality, justice and honesty about the fundamental perception may be caused by a violation of expectations [16].

Organizational cynicism has been synthesized into three dimensions developed by an nurse to his organization as follows; cognitive, affective, and behavioral structure of the cynical construct [17]. Concerning the cognitive proportion, it is the belief that the organization's practices lack justice, honesty, and sincerity, and the employee negative believe that human beings are untrustworthy and incoherent in their behaviors [18]. Concerning the affective dimension; it is the sensitive strong emotional reactions towards the organization. The nurses feel contempt and anger towards their organizations; or feel discomfort, hatred and even shame about their organizations [19]. Regarding the behavioral dimension, it is the negative tendencies and mostly embarrassing humiliating attitudes. This dimension consists of negative and frequently critical conducts. Strong critical expressions towards the organization are the most prominent of behavioral tendencies [20]. There are several factors influence on organizational cynicism which is organizational justice, organizational trust, and nurse intention to leave work, job performance, organizational support, job satisfaction, and organizational commitment, and organizational citizenship behavior [21].

Silence can be active, conscious, intentional and purposeful; this is an important point,

because it clarifies intricate nature and multidimensional nature of silence [22]. Therefore, silence does not necessarily refer to passive behavior and in conflict with voice organizational silence defined as nurses' refusal to express effective behavioral, cognitive refusal evaluation with respect to organizational situations [23].

**Significant of the study:**

Inability to express their nursing staff views, thoughts and criticism or to assert nurses lead to developed negative attitudes and behaviors toward their job and place of employment, it causes psychological, sociological and economic problem [24], have identified that these negative responses are not only restricted to reduce social interactions at work thus unable to fulfill the social and emotional requirements of the individuals [25]. But also, organizational silence and cynicism which set barriers against the improvement of organizations have been highlighted in the health organization [26]. As with organizational reticence, if the cynicism of nurses is not recognized and managed effectively, the following preventable and fixable problems may arise such as decrease organizational commitment, job dissatisfaction, nurse's self-confidence resistance to change, performance, productivity, alienation from work, lateness, absenteeism and even leaving work [27]. Upon the previous literature, the authors claimed that is consecutive; which means, built on each other when nursing staff negative responses are generated once any nursing staff feels that he or she is being neglected by peers, co-workers or groups and identified that these negative responses are not only restricted to reduce social interactions at work thus unable to fulfill the social and emotional requirements of the nurses and The negative responses may also lead to loss or damage to the organization[28,29]. So, the research was conducted to investigate the influence of workplace ostracism and organizational cynicism on organizational silence among nursing staff.

**Aim of the Study**

To investigate the influence of workplace ostracism and organizational cynicism on organizational silence among nursing staff.

**Research questions:**

What are the workplace ostracism levels as perceived by nursing staff?

What are the organizational cynicism levels as perceived by nursing staff?

What are the nursing staffs ' levels about organizational silence?

Is there an influence between workplace ostracism and organizational cynicism on organizational silence among nursing staff?

**Subjects and Method**

**Design:**

A descriptive correlational research design was used to conduct this study.

**Setting:**

The study was conducted in the medical and surgical departments at Benha University Hospital. These departments were as follow: medical departments consisted of (intensive care unit, coronary care unit, kidney, dialysis units; adult and pediatric and premature unit) surgical departments consisted of (operating rooms; general operating, emergency unit; department and operating room and labor and cesarean section).

**Subjects:**

The sample of this study consisted of convenience nursing staff from the previously mentioned study setting, who had the following inclusion criteria, (were available at the time of data collection, had three years of experience and accepted to participate in the study). The total number was (860) nursing staff, the final number was 362(46 head nurses and 316 nurses).

**Tools of data collection:**

The tools used to collect the data for this study was self-administered questionnaire which was divided into four sections which are demographic characteristics for the participants, Workplace Ostracism Scale, Organizational Cynicism Scale, and Organizational Silence Scale.

**Section (1): Demographic characteristics for the participants:** This part was developed by the researcher and included data of the studied sample: age, job position, gender, department, year of experience, and educational level.

**Section (2): Workplace Ostracism Scale:** was developed by Ferris et al. (2008)[30] and modified by the researchers it used to measure nursing staff workplace ostracism. The scale had thirty-one items as 'Others ignored me at work'.

**Scoring System**: The scale was based on a 5-points Likert Scale scores were allocated as follows (5=strongly disagree, 4=disagree, 3=Natural, 2=agree, 1=strongly agree). Higher scores indicated higher levels of workplace ostracism. These scores were converted into a percent score: good levels of workplace ostracism occurrence level from >75% = >116 score. Average levels of workplace ostracism occurrence level 60-75% =93-116 score. Poor levels of

workplace ostracism occurrence level from<60 =<93 score [30].

**Section (3): Organizational Cynicism Scale (OCS):** It was developed by Kalagan 2009 [31] and modified by the researcher based on the related review of the literature [32], aimed to identify the level of organizational cynicism among nursing staff, it consisted of nine items as 'I believe my hospital says one thing- and does another.

**Scoring system:** Was determined as the following the subject's response was measured on five points as follow: (5) strongly disagree, (4) disagree, (3) neither agree nor disagree, (2) agree and (1) strongly agree. The level of organizational cynicism among nursing staff was considered high if the percent score was > 75%= 45 score, moderate level if the percent scores were ranged from 60 to75%= 33 to 27 score while considered low level if the percent score was < 60% = 27 score [33].

**Section (4): Organizational Silence Scale (OSS)**: It was developed by Cakici, (2007) [34] and modified by the researcher based on the related review of the literature[33]**,** aimed to assess the perception level of organizational silence among nursing staff. Consisted of two main categories as the following: I-Issues for remaining silent: include (22) items distributed as following: administrative performance and working facilities (8), nurse performance and the issue of administration (5), responsibility (3), ethics (4) and department performance (2). II- Reasons for remaining silent: include (30) items distributed as following: administrative and organizational reasons (12), fear about work (5), lack of experience (3), isolation and fear of relationship damage (8) and organizational position (2).

**Scoring system:** For issues for remaining silence; the subjects' response of the applicants was measured by three-points Likert Scale as follow, (3) always remain silent, (2) sometimes remain silent and (1) never remain silent. The perception level of nursing staff toward organizational silence was considered high if the percent scores was > 75%= 50 score, moderate if the percent score was ranged from 60-75%=50 to 40 score while considered low if the percent score was<60%= 40 score [35].

Reasons for remaining silent; the subjects' response was measured by five-points Likert Scale as follow: (5) very effective, (4) effective, (3) either effective or ineffective, (2) ineffective, (1) totally ineffective. The perception level of nursing personnel toward

organizational silence was considered high if the percent score was>75%= 113 score, moderate if the percent score was ranged from 60- 75%=90 to113 score while considered low if the percent score was 60%= 90 score [35].

**Pilot Study:**

A pilot study was conducted to assess tools clarity and applicability. It has also served in estimating the time needed for filling the questionnaires. It was done on 10% of the total subjects, (five from head nurses and thirty-one from staff nurses). The time needed for filling all questionnaires was 20-25 minutes, no modification was done, and pilot subjects were included in the main study sample.

**Validity and reliability:**

**Content Validity:**

A Bilingual group of five experts was selected to test the content and face validity of the tools. Needful modifications were done to reach the final valid version of the tools. The tools were considered valid from the experts' perspective.

**Reliability:**

The tools were tested to reliability by measuring their internal consistency using Cranach's alpha coefficient method. This turned to be α = 0.747 for workplace ostracism scale tool I; α=0.764 organizational cynicism scale tool II and α=0.753 for organizational silence scale tool III. This indicates a high degree of reliability for the study tools.

**Ethical Considerations:**

Informed consent was attained from all participants of the study after explanation of the study purpose, with making assurance on the anonymity of them and that their information will be secured and only used for the research purpose. Also, they had the right to withdraw from the study. This was followed by their agreement on participation in the study.

**Fieldwork:**

The data collection took three months from beginning February (2021) to the end of April (2021) covering a period of three months. The data was gathered from nursing staff. The questionnaire was distributed during nursing staff work hours (morning and afternoon shifts), after two or three hours of her beginning shift and took ten or eleven nursing staff from each clinical unit, three days per week to avoid patient care interruption.

**Administrative Design:**

Written official approval to conduct this research was obtained written approval to

carry out the study was obtained from the Faculty Dean and Nursing Director at Benha University Hospital.

**Statistical Analysis**

A personal computer was used to store and analyze data. The Statistical Package for Social Studies (SPSS), version 25 was used. Descriptive statistics were used such as Frequency, Percentage distribution; Mean and Standard Deviation, Mean Percent Score. Comparison was performed using Chi square test. Correlation between variables was estimated using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance.

**Results**

**Table 1:** Shows that more than two-thirds 68.8% of the studied subjects their age were 20<30with mean score 30.48±8.270, 61.3% of the studied subjects were female, majority 87.3% of studied subjects were staff nurses. According to departments 62.4% working at medical departments, As regard to level of educational 49.2% had technical institute of nursing, and 38.1%<5 years of experience with mean score 7.36 ± 5.014.

**Table 2:** Shows that more than ninety percent 92.5% of nursing staff had low level of workplace ostracism with mean score 81.00±16.03.

**Figure 1 and Table 3**: Shows that more than two thirds 68.8% of nursing staff had low level of total organizational cynicism with mean score 27.85±5.579.

**Table 4:** Shows that less than half 45.9% of nursing staff had high level of total issues for remaining organizational silence with mean score 54.00±4.359. While the highest mean percent score was for responsibility item and lowest mean percent score was for ethics item.

**Table 5:** Shows that the majority 84.8% of nursing staff had low level of total reasons for remaining organizational silence with mean score 90.07±11.72. While the highest mean percent score was for experience item and lowest mean percent score was for organizational position item.

**Table 6**: Displayed that there was a significant positive correlation between total workplace ostracism dimensions, total organizational cynicism dimensions and total organizational silence dimensions.

**Table 7:** Displayed that there was a significant relation between nursing staff workplace ostracism and working department at ($p=\leq 0.05$). While there was none statistically significant between ages,

gender, job position, level of education and years of experience in relation to total workplace ostracism at (p= >0.05).

**Table 8**: Displayed that there was none a significant relation between nursing staff organizational cynicism and between all demographic characteristics' items at (p= >0.05).

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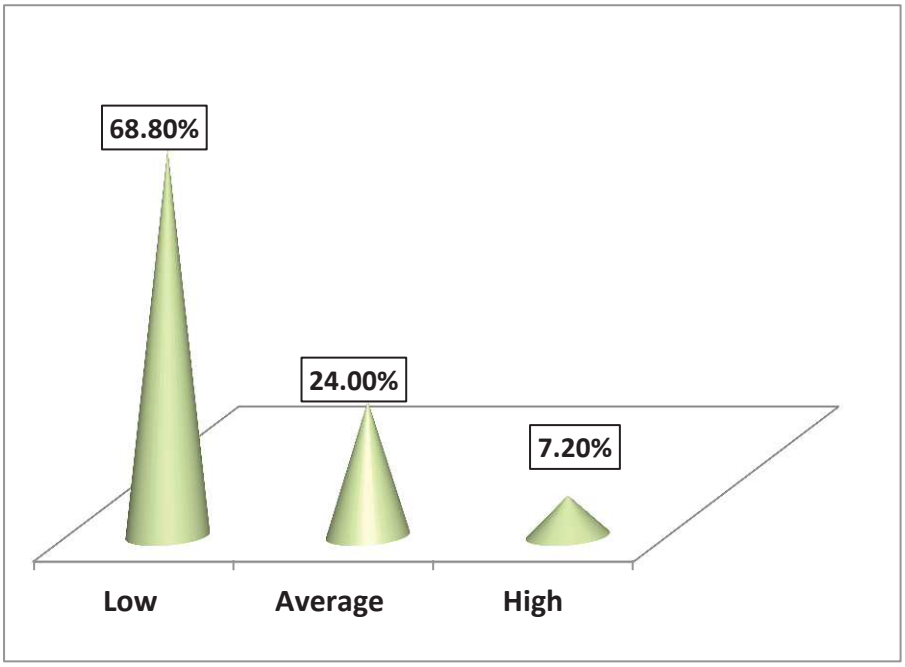
**Table 9:** Displayed that there was a significant relation between total issues for remaining silence and years of experience (p=< 0.05). While it was none statistically significant between age, gender, working departments, job position, and level of education in relation to total issues for remaining silence at (p= >0.05).

**Table (1): Distribution of the studied nursing staff according to their demographic characteristics (N=362)**

| Demographic characteristics items | Total N=362 | |
|---|---|---|
| | No. | % |
| **Age (years)** | | |
| 20- | 249 | 68.8 |
| 30 | 42 | 11.6 |
| ≥40 | 71 | 19.6 |
| Min- Max 20.0-56.0 Mean ± SD | 30.48 ± 8.270 | |
| **Gender** | | |
| Male | 140 | 38.7 |
| Female | 222 | 61.3 |
| **Job position** | | |
| Staff nurse | 316 | 87.3 |
| Head nurse | 46 | 12.7 |
| **Working departments** | | |
| Medical | 226 | 62.4 |
| Surgical | 136 | 37.6 |
| **Level of education** | | |
| Secondary School of Nursing | 42 | 11.6 |
| Technical Institute of Nursing | 178 | 49.2 |
| Bachelor of Nursing | 142 | 39.2 |
| **Years of experience** | | |
| <5 | 138 | 38.1 |
| 5 - | 129 | 35.6 |
| 10- | 41 | 11.3 |
| 15- | 47 | 13.0 |
| ≥20 | 7 | 1.9 |
| Min- Max 1.0-28.0 Mean ± SD | 7.36 ± 5.014 | |

**Table (2): Levels, mean and standard division and mean percent of the studied nursing staff according to the level of workplace ostracism (N=362)**

| Items | Levels of ostracism | | | | | | | | Min - Max | Mean ± SD | Mean Percent Score |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Low | | Average | | | | High | | | | |
| | No | % | No. | | | % | No. | % | | | |
| **Total Ostracism** | **335** | **92.5** | **27** | **7.5** | **0** | **0.0** | **33.0-122.0** | | **81.00±16.03** | **52.26%** | |




| Items | Min -Max | Mean ± SD | Mean Percent Score |
|---|---|---|---|
| **Total organization cynicism** | 10.0-43.0 | 27.85±5.579 | 61.89% |

**Figure (1) and table (3): Levels, mean and standard division and mean percent of the studied nursing staff according to the level of organization cynicism**

**Table (4): Levels, mean and standard division and mean percent of the studied nursing staff according to the level of issues for remaining organizational silence dimension (N=362)**

| Items | Levels of issues for remaining silence | | | | | | Min -Max | Mean ± SD | Mean Percent Score |
|---|---|---|---|---|---|---|---|---|---|
| | Low | | Average | | High | | | | |
| | No. | % | No. | % | No. | % | | | |
| Admin. performance | 60 | 16.6 | 78 | 21.5 | 224 | 61.9 | 14.0-24.0 | 20.12±2.297 | 83.83% |
| Nurse performance | 2 | 0.6 | 138 | 38.1 | 222 | 61.3 | 10.0-15.0 | 12.73±1.100 | 84.87% |
| Responsibility | 57 | 15.7 | 63 | 17.4 | 242 | 66.9 | 5.0-9.0 | 7.70±0.966 | 85.56% |
| Ethics | 164 | 45.3 | 51 | 14.1 | 147 | 40.6 | 4.0-12.0 | 8.88±1.886 | 74.00% |
| Department performance | 167 | 46.1 | 107 | 29.6 | 88 | 24.3 | 2.0-6.0 | 4.57±1.112 | 76.17% |
| **Total Issues** | **38** | **10.5** | **158** | **43.6** | **166** | **45.9** | **41.0-64.0** | **54.00±4.359** | **81.82%** |

**Table (5): Levels, mean and standard division and mean percent of the studied nursing staff according to the level of reasons for remaining organizational silence dimension (N=362)**

| Items | Levels of reasons for remaining silence | | | | | | Min -Max | Mean ± SD | Mean Percent Score |
|---|---|---|---|---|---|---|---|---|---|
| | Low | | Average | | High | | | | |
| | No. | % | No. | % | No. | % | | | |
| Administrator reasons | 278 | 76.8 | 77 | 21.3 | 7 | 1.9 | 26.0-50.0 | 36.02±5.553 | 60.03% |
| Isolation &fear of change | 291 | 80.4 | 34 | 9.4 | 37 | 10.2 | 18.0-40.0 | 23.67±5.128 | 59.18% |
| Fear about work | 235 | 64.9 | 90 | 24.9 | 37 | 10.2 | 12.0-25.0 | 15.27±3.121 | 61.08% |
| Experience | 257 | 71.0 | 15 | 4.1 | 90 | 24.9 | 6.0-15.0 | 9.87±2.503 | 65.80% |
| Organizational position | 309 | 85.4 | 14 | 3.9 | 39 | 10.8 | 3.0-10.0 | 5.243±1.457 | 52.43% |
| **Total reasons** | **307** | **84.8** | **47** | **13.0** | **8** | **2.2** | **70.0-131.0** | **90.07±11.72** | **60.05%** |

**Table (6): Correlation matrix among nursing staff workplace ostracism, organizational cynicism, and organizational silence**

| Variables | | | Workplace ostracism | Organization cynicism | Organizational silence | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Administrator performance | Nurse performance | Responsibility | Ethics | Department performance |
| **Workplace ostracism** | | **r** | | | | | | | |
| | | **P** | | | | | | | |
| **Organization cynicism** | | **r** | 0.749 | | | | | | |
| | | **P** | 0.000* | | | | | | |
| **Organizational silence** | **Administrator performance** | **r** | 0.914 | 0.142 | | | | | |
| | | **P** | 0.006* | 0.007* | | | | | |
| | **Nurse performance** | **r** | 0.839 | 0.109 | 0.161 | | | | |
| | | **P** | 0.001* | 0.039* | 0.002* | | | | |
| | **Responsibility** | **r** | 0.114 | 0.424 | 0.312 | 0.710 | | | |
| | | **P** | 0.030* | 0.042* | 0.000* | 0.000* | | | |
| | **Ethics** | **r** | 0.499 | 0.305 | 0.285 | 0.569 | 0.347 | | |
| | | **P** | 0.036* | 0.054* | 0.000* | 0.030* | 0.050* | | |
| | **Department performance** | **r** | 0.118 | 0.142 | 0.264 | 0.377 | 0.442 | 0.671 | |
| | | **P** | 0.025* | 0.007* | 0.005* | 0.000* | 0.000* | 0.000* | |

r = Pearson correlation * Significant p at ≤0.05 r ≥0.9 very high correlation r 0.7-<0.9 high correlation r 0.5-<0.7 moderate correlation r < 0.5 low correlation

**Table (7): Relations of the nursing staff workplace ostracism and demographic characteristics**

| Demographic characteristics | Workplace ostracism | | | T | Sig. |
|---|---|---|---|---|---|
| | Unstandardized Coefficients | | Standardized Coefficients | | |
| | B | Std. Error | Beta | | |
| (Constant) | **1.315** | **0.142** | | 9.258 | 0.000 |
| Age | **-0.020** | **0.018** | -0.063 | -1.144 | 0.254 |
| Gender | **-0.028** | **0.030** | -0.051 | -.918 | 0.359 |
| Job position | **-0.035** | **0.058** | -0.044 | -.606 | 0.545 |
| Working departments | **-0.072** | **0.036** | -0.134 | -2.019 | **0.044*** |
| Level of education | **0.009** | **0.030** | 0.022 | .293 | 0.770 |
| Years of experience | **0.018** | **0.018** | 0.074 | 1.014 | 0.311 |
| **Model Summary** | **R= 0.324** | **$R^2$= 0.105** | | | |

* Significant p at ≤0.05

**Table (8): Relations of the nursing staff organization cynicism and demographic characteristics**

* Significant p at ≤0.05

| Demographic characteristics | Organization cynicism | | | T | Sig. |
|---|---|---|---|---|---|
| | Unstandardized Coefficients | | Standardized Coefficients | | |
| | B | Std. Error | Beta | | |
| (Constant) | 1.475 | 0.372 | | 3.960 | 0.000 |
| Age | 0.008 | 0.043 | 0.010 | 0.184 | 0.854 |
| Gender | -0.086 | 0.072 | -0.068 | -1.183 | 0.238 |
| Job position | 0.067 | 0.138 | 0.036 | 0.483 | 0.630 |
| Working department | -0.009 | 0.087 | -0.007 | -0.099 | 0.921 |
| Level of education | -0.122 | 0.071 | -0.130 | -1.703 | 0.090 |
| Years of experience | -0.061 | 0.042 | -0.108 | -1.440 | 0.151 |
| **Model Summary** | **R= 0.256** | **$R^2$= 0.065** | | | |

**Table (9): Relations of the nursing staff organization silence and demographic characteristics**

| Demographic characteristics | Issues for remaining silence | | | T | Sig. |
|---|---|---|---|---|---|
| | Unstandardized Coefficients | | Standardized Coefficients | | |
| | B | Std. Error | Beta | | |
| (Constant) | -0.508 | 0.226 | | -2.249 | 0.025 |
| Age | -0.019 | 0.026 | -0.023 | -0.722 | 0.471 |
| Gender | 0.014 | 0.043 | 0.010 | 0.320 | 0.749 |
| Job position | 0.024 | 0.083 | 0.012 | 0.289 | 0.773 |
| Working department | -0.018 | 0.052 | -0.013 | -0.342 | 0.732 |
| Level of education | 0.016 | 0.043 | 0.016 | 0.377 | 0.706 |
| Years of experience | -0.059 | 0.030 | -0.077 | -1.975 | **0.049*** |
| **Model Summary** | **R= 0.843** | **$R^2$= 0.711** | | | |

* Significant p at ≤0.05

**Discussion:**

Hospitals, as a significant social setting, offer to nurses the chance to interact and communicate with other health teams and patients. Despite social interaction having many benefits, the outcomes are not always positive since some organizational nurses are intentionally kept in isolation Xi (2019[37], Jahanzeb (2019) [38]. This phenomenon is named ostracism, which denotes the extent to which a nurse perceives that she is excluded or ignored by others.

Ostracism is a common phenomenon amongst nurses in government sector hospitals who always need perfect interaction to achieve their jobs efficiently Ali and Johl (2020) [39]. Therefore, when nurses are ostracized by their colleagues, start to feel powerlessness, unhappiness, hostility, and unworthiness, which cause counterproductive work behaviors Gharaei (2020)[40], Shi (2018)[41].

The current study finding reveals that most of nursing staff had a low level of ostracism while less than one-tenth of the studied had a moderate level of ostracism. These results may be 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 because of the difference in the way of

thinking. On the other hand, the results of Ebrahim, (2020) [42] who found that about two-thirds of the studied nurses had a moderate level of workplace ostracism and one-fifth of nurses had low workplace ostracism. While Gkorezis et al. (2016) [43] stated that most of the studied nurses suffered from workplace ostracism at the workplace. Furthermore, the study performed by Chen and Li (2019) [44] reported that half of the studied nurses suffered from low workplace ostracism.

Nurse's cynicism is a belief that organizational leaders lack integrity and a perception that leaders do not care about the employees, which results in a sense of alienation. Employee cynicism can be expressed through frustration, pessimism, contempt, and distrust toward the organization. Nurse's cynicism can develop over time in direct reaction to organizational events including excessive job demands, strain related to lack of work resources and perceptions of leaders' low levels of trustworthiness. Aly (2016) [45] reported that once a high level of cynicism has developed, it may remain high for many nurses**.** The current study finding reveals that more than two-thirds of the studied nurses had a low level of cynicism and less than one-tenth of them had a high level of cynicism. This comes in line with the results of Volpe et al. (2014) [46], Mantler et al. (2015) [47].

The current study found that silence is a problem encountered among the studied nursing staff especially those related to responsibility and their performance. When they perceive their institution as closed, secretive and accusatory remain silent about its issues. Despite all the advancements in technology and science, the most valuable resource in the field of health care is humans, the chief asset for ensuring the improvement of service quality. Today, organizational silence is one of the biggest problems among health care personnel. Organizational silence prevents workers from openly expressing their opinions and concerns about the organization's problems. A similar finding was reported by Bayn (2015) [48] who found that most studied nurses had organizational silence. Moreover, Yurdakul et al. (2016) [49], found that more than three quarters of the nurses suffered from organizational silence.

Health care is a workplace that necessitates healthcare professionals' voice. Although speaking up plays a key role in improving patient safety, several scholars have suggested that healthcare professionals often

stay silent thus enhancing the opportunity of provoking medical errors and unfavorable outcomes Mannion and Davies (2015) [50], Eriguc et al. (2014)[51] and Schwappach and Gehring (2014)[52]. These studies come in agreement with the current study findings which found that lack of experience and fear about the work were the main causes for remaining silent among the studied nursing staff. An explanation of these findings is that the nurses' refusal to reveal their opinion, ideas, and suggestions about work issues because of their fears and concerns may negatively affect the process of their improvement and development within the organization. In the same line Yurdakul et al. (2016) [49], who noticed that lack of experience was the first cause of silence among the nurses.

Defensive silence is a proactive behavior of nurses to remain silent because they feel that speaking up can be risky for his/her position within the organization and can lead to disputes. Recent research suggests that nurses can take on defensive silence either to avoid confrontation with supervisors or to avoid disapproval from colleagues. Nurses who experience ostracism at the workplace are ignored by their coworkers and the coworkers do not welcome their ideas, opinions, and suggestions. Nurses would thus refrain from socialization with others and would start exhibiting defensive silence to avoid being rejected at the workplace Khalid et al. [53]. This could explain the current study finding, where a significant association between the nurses' ostracism and silence behaviors. Similar findings were reported by Panagiotou et al. (2016) [54] who reported that workplace ostracism significantly impacts organizational silence and concluded that ostracized employees are less engaged, full of fear and have low performance, as they feel less important and refrain from the socialization process and thus avoid exhibiting extra-role behaviors and remain silent.

Moreover, Wu et al. (2012) [55] found that workplace ostracism is a potential determinant of defensive silence (a facet of employee silence) as ostracized employees at the workplace try to protect themselves from being ignored and thus adopted the strategy of defensive silence and concluded that when individuals feel that their position is not secure in an organization then they indulge in defensive silence and used knowledge hoarding as a weapon to maintain their existence in the organization.

Workplace ostracism is an emotive manipulation which meant that to what extent nurses recognize that they are being ignored in the workplace. Workplace ostracism is considered as a danger to nurses' needs, self-esteem, substantial belongings, control needs, self-esteem, control; and sensitive presence, and organization is damaged. Negative responses are generated once any nurses feel that he or she is being neglected by peers, co-workers, or groups. These negative responses could reduce social interactions at work thus being unable to fulfill the social and emotional requirements of the nurses, enhance sadness and increase sadness and frustration and mental and physical ailment. The negative responses may also lead to negative, problematic behaviors, relations and cynicism could be developed by Haq and Mahmud, (2012) [56], Wu et al. (2014)[57]. This could explain the results of the current study where a significant association was noticed between the nurses' ostracism and cynicism. Similar findings were reported by Jahanzeb et al. (2020) [58], and Wesselmann et al. (2018) [59] who found a significant relationship between workplace ostracism and counterproductive work behavior including cynicism.

Moreover, the current study finding portrays a significant relationship between the working department and ostracism. A similar finding was reported by Ebrahim et al. (2020) [42], who reported a significant effect of working unit and ostracism. Furthermore, the study performed by Haj and Gharaei (2020) [60] reported that there was a statistically significant relationship between ostracism and nurses' working department and found that there were statistically significant relationships between ostracism and employment status, university of education, working unit and nurses' current physical disorders.

Cynicism makes a hostile working environment and reflects weak interpersonal relationships for the individual involved in that behavior. The more negative the cynicism that takes place in an organization, the less likely employees are to identify with it Kuo, (2015) [61]. Empirically speaking, cynicism is found to be detrimental to work productivity and creates a climate of mistrust and amorality. Furthermore, it decreases organizational citizenship behavior and proactive service performance. This, in turn, will lead employees to be silent and then lead to other adverse work-related outcomes. This

imbalanced relationship is due to the low quality of the exchange relationship Wu et al.(2012) [54].

The current study found a significant association between the nurses' silence and cynicism. An explanation is that silence as intentional behavior, may drain employees' cognitive and emotional resources, causing high levels of stress, which can be released through engaging in cynical behavior. In the same line Aboramadan et al. (2021) [62] found that employee silence was demonstrated to have a positive effect on behavioral cynicism, which implies that employees with high levels of silence are more prone to developing unfavorable attitudes and behaviors such as cynicism.

**Conclusions**:

More than ninety percent (92.5%), more than two third (68.8%), and (84.8%) of nursing staff have a low level of workplace ostracism, organizational cynicism, and total reasons for remaining organizational silence, respectively and less than half (45.9%) of nursing staff had high level of total issues for remaining organizational silence. And there was a significant positive correlation between total workplace ostracism, total organizational ostracism, and total organizational silence.

**Recommendations**

**The study recommended the following:**

- Strengthening collaborative work culture must be rated by managers to decrease the level of ostracism.
- Managers must recognize employees for their efforts and accomplishments and remind them of their importance in the organization.
- Conduct continuous periodic training programs should be given for nursing staff in different health care units, to increase their awareness about organizational cynicism.
- Identifying the factors that lead nursing staff to become silent, experience cynicism and leave their jobs in hospitals is necessary.
- Nursing staff represented in the hospital meetings, sharing, and participating in decision-making about patient's problems.
- Reducing 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.
- Development of a cooperative system that considers nursing staff thoughts and ideas, which leads to a sense of loyalty, cooperation, and commitment toward the hospital.

- Creating an open organizational space to involve nursing staff actively and take decisions within a group and provide them with feedback on their performance in duty time.
- Changing leadership style from commanding to collaborative leadership and showing a desire to listen to the voice of employees.
- Creating a proper organizational structure that provides the opportunity for feedback and bottom-up relationships for employees.

Further studies need to be conducted to study causes of silence and its effects on self-efficacy.

-Developing an education program about workplace ostracism and organizational cynicism on organizational silence and its effect on organizational performance.

- Conduct more comprehensive studies for exploring the gap between workplace ostracism and organizational cynicism on organizational silence with diverse cultures in different health care setting.

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