The Relationship between Organizational Zero Tolerance Policy and Performance Obstacles among Staff Nurses

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ABSTRACT

Background: Organizational zero tolerance policies are essential in promoting ethical behavior and creating a safe work environment, particularly and reduce performance obstacles in healthcare settings. **Aim**: this study aimed to assess the relationship between organizational zero tolerance policy and performance obstacles among staff nurses. **Research Design**: Comparative correlational research design was used in this study. **Setting**: The study was conducted at two public Hospitals (Bilbais hospital affiliated to Ministry of Health and Sadnawy hospitals affiliated to the educational hospitals). **Sample**: A convenience sample of staff nurses at the time of study was utilized in this study 200 nurses 100 nurses from each hospital. **Tools**: Two tools were used, zero tolerance policy questionnaire and Performance obstacles questionnaire. **Results**: the study illustrated that there was a highly statistically significant negative strong correlation between performance obstacles and zero tolerance policy **Conclusions**: this study conducting that There was a highly statistically significant negative correlation between zero tolerance policy and performance among the studied staff nurses. **Recommendations**: Regularly review and update the zero tolerance policies to ensure that they are effectively reducing performance obstacles in healthcare setting.

Keywords: Organizational Zero Tolerance Policy**,** Performance Obstacles**,** Staff Nurses

Introduction

Organizational zero tolerance policies are essential in promoting ethical behavior and creating a safe work environment, particularly in healthcare settings. However, their implementation can create performance obstacles among staff nurses. To minimize these obstacles, it is essential to communicate the policy clearly, apply it consistently, and create a culture of fairness and transparency in the organization. Clear and consistent communication, training, and leadership are critical in ensuring that the policy is perceived as fair and just, which can ultimately improve staff motivation and job satisfaction, leading to better patient outcomes *(Hutton, et al 2020)*.

Zero tolerance policy is a set of rules and procedures that aim to eliminate any unsafe or unacceptable behavior or practice in the workplace. And it can help to prevent accidents, injuries, harassment, discrimination, violence, and other risks that may harm the health, safety, and well-being of employees and stakeholders. zero-tolerance policy can also enhance the reputation, productivity, and performance of the organization. so, that can to forbid obstacles for the nurse's performance *(Findorff et al., 2024)*.

Nurses are the most important capital of a health organization and play a valuable role in achieving strategic goals of their organization. Improving nursing staff efficacy and effectiveness is only possible in light of their performance. Performance does not always increase productivity. It may be biased, not accurate, and not accepted by users, *(Hansson, 2022).*

Nurses' performance means the actual conduct of activities to meet responsibilities according to standards. It is an indication of what is done and how well it is done and focusing attention on the total behavior of nurses and the use of specialized knowledge and skills that acquired through training as well as integration of practice. *(Ibrahim et al., 2021).* Performance obstacles faced by staff nurses can have a significant impact on patient care and outcomes. Some of the common performance obstacles that staff nurses face includes inadequate staffing levels, lack of necessary resources, high workload, inadequate support from management, and lack of professional development opportunities. These obstacles can lead to burnout, job dissatisfaction, and a decrease in the quality of care provided to patients. *(Lu H., & Barriball, K. L, 2022).*

Performance obstacles may be related to one or more elements of zero-tolerance policies which include, dealing with many professional issues, and performance obstacles related to tools as unavailability of necessary equipment promptly was considered among the categories of performance obstacles that prevent staff nurses from accomplishing their tasks *(Holmes, 2021).*

Healthcare organizations need to take a proactive approach to the implementation of zero tolerance policies. Healthcare organizations should not only develop and implement such policies but also monitor their impact on staff and patient outcomes regularly. By doing so, they can identify potential obstacles and take corrective actions to ensure that the policy achieves its intended goals *(Lu, H., & Barriball, K. L, 2022).*

Significance of the study:

It is important that nurses' performance obstacles should be closely monitored to put a spotlight on any potential misconduct. Managers, supervisors, and all professionals have a different position in an organization should be aware of zero tolerance policy in the workplace to apply to a wide range of healthy and safe behaviors. As a result, the annual number of misconducts with nurses nearly doubled from 1974 to 2001, increasing from 1.7 million suspensions to 3.1 million, respectively *(Passwro N., 2022).*

The goal of this policy for behaviors that undermine a culture of safety in caring organizations is to take the scare out of care and foster an emotionally safe and supportive working environment that can help nurses in the front line, both from an ethical standpoint and as a professional duty, return to caring about their profession, their patients, and each other and ultimately leads to the well-being of their patients and decrease performance obstacles *(White D., 2019)*.

The significance placed on that healthcare organizations need to minimize or nearly remove the performance obstacles which faced nurses by applying of zero tolerance policy to lead change positively in the way to perform assigned duties perfectly to improve safety culture for nurses and patients, so this study will be done to assess the relationship between organizational zero tolerance policy and performance obstacles among staff which impact

positively in the nurses performance, so finally organizations can achieve the main and critical goal which is the patient safety and high quality of care delivered.

AIM OF THE STUDY:

The aim of this study is to:

Assess the relationship between organizational zero tolerance policy and performance obstacles among staff nurses through:

1. Assess organizational zero tolerance policy as perceived by staff nurses.

2. Determine performance obstacles among staff nurses.

3. Explore the relationship between organizational zero tolerance policy and performance obstacles among staff nurses.

Research Question:

What is the relationship between organizational zero tolerance policy and performance obstacles among staff nurses?

SUBJECT AND METHODS

Research Design:

Comparative correlational research design was used in this study.

Research settings:

This study was conducted at two public hospitals (Bilbais hospital affiliated to Ministry of Health and Sadnawy hospitals affiliated to the educational hospitals).

Sampling:

A purposive sample of staff nurses at the time of study was utilized in this study 200 nurses 100 from each hospital.

Inclusion criteria:

All available staff nurses who have more than one year of work experience were included

Tools for data collection:

Two tools were used in this study.

1st Tool: Zero Tolerance Policy Questionnaire (ZTPQ)

It consists of two parts:

Part I: Demographic data of the participants.

To assess staff nurses' personal characteristics, this included age, gender, marital status, educational qualifications, workplace and years of experience**.**

Part 2: Zero Tolerance Policies Questionnaire

The (ZTPQ) tool was developed by researcher based on review of literature *(Alshdefat, et al., 2020)& (Levia, et al., 2023)* This tool was used to assess the organizational Zero Tolerance Policy level among staff nurses in the selected clinical settings.

It consists of four dimensions as: (a) awareness about Zero Tolerance policy as perceived by staff nurses (13 items), (b) nurses roles related to zero tolerance policy (8 items), (c) nurses managers role related to zero tolerance policy (17 items), and (d) organizational roles related to the zero-tolerance policy (10 items). This tool was measured based on three options provided against each statement ranging from 3 (agree) to 2 (neutral) to1 (disagree) for each question.

Scoring system:

This tool consisted of (48 items (with   total grade (144). Thus, responses were calculated

and classified into:

- Low level: (48 - ≥ 87)
- Moderate level: (< 87 - ≥ 108)
- High level: (< 108 – ≥144)

2nd Tool: Performance obstacles questionnaire (POQ).

Performance obstacles questionnaire was developed by *(Gurses, 2009)* and was modified by the researcher based on review of literature *(Ragab, et, al., 2017)* to determine staff nurses' performance obstacles level at the clinical settings. **It included five dimensions:**

(a) Performance obstacles related to work environment (8 items),

(b) Performance obstacles related to organization, (10 items), **(c)** Performance obstacles related to tools (10 items), **(d)** Performance obstacles related to tasks (7 items). **(E)** Performance obstacles related to nurse manager (5 items).

This tool was measured based on three options provided against each statement ranging from 3 (agree) to 2 (neutral) to 1 (disagree) for each question.

Scoring system:

This tool consisted of (40 items (with total grade (120). Responses were calculated and classified into:

- Low level: (48 - ≥ 87)
- Moderate level: (< 72 - ≥ 90)
- High level: (< 90– ≥120)

Face Validity of the tools:

The tools formulated, translated into Arabic and submitted to the group of experts in the field of nursing administration to test its content validity through an opinionative sheet accordingly the necessary modifications will be done.

Content validity:

Content validity is the extent to which an instrument or test measure an intent content area. Content validity was conducted to determine the appropriateness of each item to be included in the tool and to determine the agreement of experts about the translation of each item of the questionnaire sheet. The response was agreed, neutral and disagree. Based on the jury recommendation correction, addition, and or omission of some items were done

Reliability:

Two tools were tested for their reliability; the stability aspect of reliability (consistency of result over time) was assessed in attest – retest (2 weeks interval). The internal consistency reliability of the items composing the tool was assessed using Cronbach's alpha co-efficient. Test of reliability for two tools yielded (0.81) for the zero-tolerance policy questioner (ZTPQ) and (0.77) for Performance obstacles questionnaire (POQ), indicating a very good to excellent level of internal consistency homogeneity among the items under each construct.

Ethical Considerations:

The ethical consideration of the researcher included that, the research approval was obtained from the Ethical Committee of faculty of nursing Helwan University before starting the study, the researcher assured anonymity and confidentiality of the collected data, which was used by the researcher for the purpose scientific research. The subjects were informed that they were

allowed to choose to participate or not in the study. Also, they have the right to withdraw from the study at any time, ethics, values, culture, and beliefs were respected, and study subjects were informed about research purpose.

Operational Design:

It included preparatory phase, pilot study and field work and ethical consideration.

Preparatory phase:

This phase included reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines.

Pilot study:

It was carried out after translation of the tools and before starting the actual data collection it was done. It was done to confirm understanding. Clarity and applicability of study tools, and to determine required time to fulfill them (15-20) minutes for each tool. The pilot study was carried out 10% of the total sample size, (103 nurses) from total sample of all staff nurses, those participants were excluded from the main study sample.

Field work:

The actual filed work started at the beginning of October 2023 to the end February 2024. The researcher obtained the approval from the director of selected hospitals and was take oral consent from the study subject. And explain the aim of the study to gain her approval for data collection, the researcher went to the selected hospital 2 days/ week (for 6 hour / day) from (8:30 AM to 2:30 pm) and collected data by herself through meeting each hospital nursing staff member, explaining the aim of study and method fulfilling questionnaire. The researcher was present all the time during fulfilling by the study tools to answer any questions. The time needed to complete the first tool was ranged between (15-20) minutes and second tool was ranged between (15-20) minutes. The researcher checked the completeness of each filled sheet to ensure the no absence of any missing data.

II- Administrative Design

An official written letter was addressed Approval was obtained through an issued letter by the Dean of Faculty of Nursing Helwan University to the director of hospitals and explaining the aim and objective of this study

Statistical Design:

Upon completion of data gathering, data computed and analyzed using Statistical Package for the Social Science (SPSS) version 24 for analysis. The P value is set at 0.05. Descriptive statistics tests as numbers, percentage, mean $\Box$ standard deviation (xSD) is used to describe the results. Appropriate inferential statistics used as well

RESULTS

Table (1): Percentage distribution of demographic data at Bilbais and Sadnawy hospitals among staff nurse's (n= 200)

Demographic data	Bilbais hospitals		Sadnawy hospitals		Total	
	N	%	N	%	N	%
Age (year)						
▪ < 20 Yrs.	4	4.0	0	0.0	4	2.0
▪ 20 < 20 Yrs.	63	63.0	41	41.0	104	52.0
▪ 30 < 40 Yrs.	24	24.0	24	24.0	58	29.0
▪ 50 < 50 Yrs.	8	8.0	14	14.0	22	11.0
▪ ≥ 50 Yrs.	1	1.0	11	11.0	12	6.0
▪ **Mean ± SD**	**28.5 ± 6.1**		**٣٥.٥ ± 8.3**		**32.07 ± 8.07**	
Years of Experience in nursing						
▪ < 1 years.	14	14.0	3	3.0	17	8.5
▪ 1 < 5 years.	49	49.0	5	5.0	54	27.0
▪ 5 < 10 years.	10	10.0	56	56.0	66	33.0
▪ 10 < 20 years.	24	24.0	12	12.0	36	18.0
▪ ≥ 20 years.	3	24	24	24.0	27	13.5
▪ **Mean ± SD**	**5.64 ± 4.6**		**11.96 ± 7.12**		**8.80 ± 6.77**	
Nursing qualifications						
▪ Diploma nurse	42	42.0	2	2.0	44	22.0
▪ Technical institute	34	34.0	59	59.0	93	46.5
▪ Bachelor	24	24.0	37	37.0	61	30.5
▪ Master's degree	0	0.0	1	1.0	1	0.5
▪ Doctorate degree	0	0.0	1	1.0	1	0.5

F: Frequency

Table (1) shows percentage distribution of demographic data at Bilbais and Sadnawy hospitals of staff nurses: It shows that more than three-fifths (63%) and more than half (52%) of the age of the studied staff nurses at Bilbais and Sadnawy hospitals was ranged from 20 < 30 years old, with a mean age of 28.5 ± 6.1 and 35.5 ± 8.3 respectively.

Considering years of experience for them, about one-half (49%) of them had experience in nursing field lasting 1 < 5 years with a total mean of 5.64 ± 4.6. While concerning years of experience for the studied staff nurses at Sadnawy hospitals, more than half one-half (56%) of them had experience in nursing field lasting 5 < 10 years with a total mean of 11.96 ± 7.12. Additionally, regarding nursing qualifications; more than two-fifth (42%) and about three-fifths (59%) of the studied staff nurses at Bilbais and Sadnawy hospitals holding a certificate of Diploma nurse and the Technical Institute of Nursing   respectively.
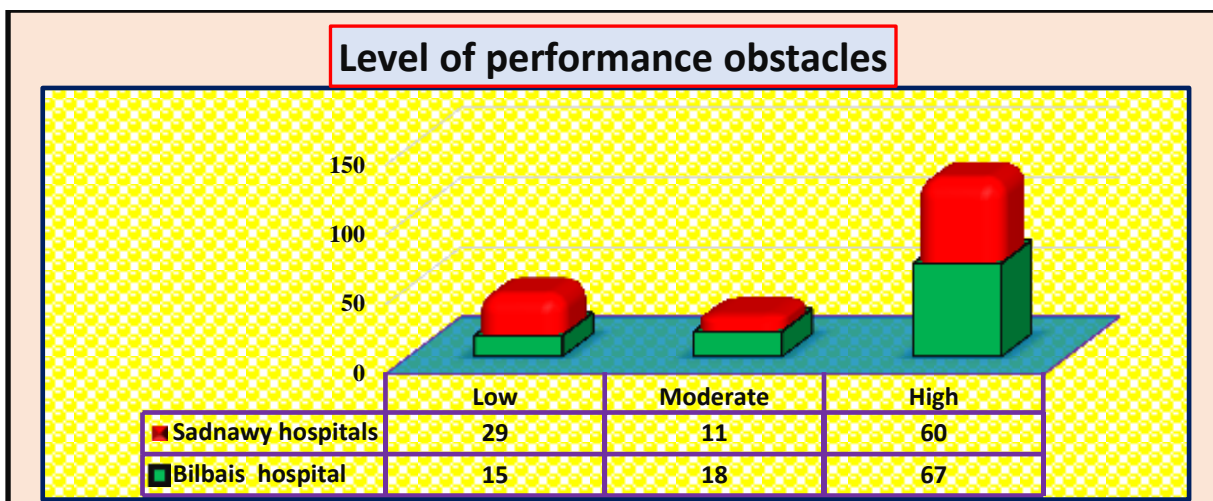
$\chi^{2=\cdot.\wedge\vee\vdash}, P= 0.٦٤٥$
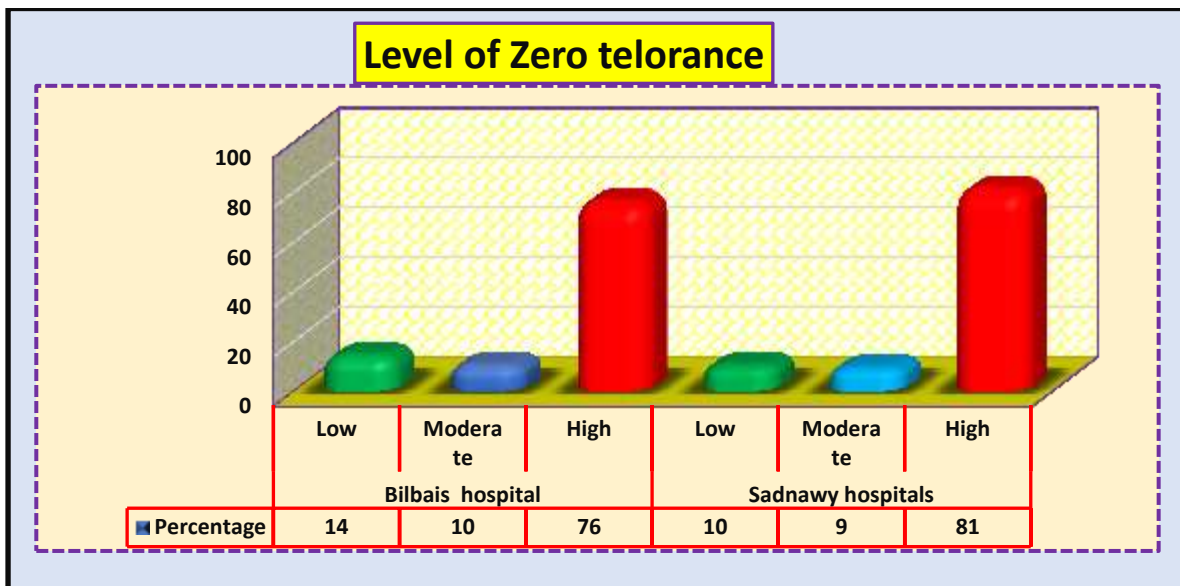
Figure (1): Percentage distribution of zero tolerance policy levels at Bilbais and Sadnawy hospitals as perceived by staff nurses (n= 200).

Figure (1) shows Percentage distribution of zero tolerance policy levels at Bilbais and Sadnawy hospitals as perceived by staff nurses, it shows that more than three-quarters (76%) and more than four-fifths (81%) of the studied staff nurses percieved a high level of zero tolerance policy respectively. In addition to, presence of a highly statistically significant difference between zero tolerance policy at Bilbais and Sadnawy hospitals, at P = 0.000.

$\chi^{2=6.5}, P= 0.0٣٨*$

Fig. (4): Percentage distribution of performance obstacles at Bilbais and Sadnawy hospitals as perceived by staff nurses (n= 200)

Figure (4) explain Percentage distribution of performance obstacles at Bilbais and Sadnawy hospitals as perceived by staff nurses, it shows that three-fifths (60%) and more than two-thirds (67%) of the studied staff nurses have a high level of performance obstacles respectively. In addition to, presence of a highly statistically significant difference between performance obstacles at Bilbais and Sadnawy hospitals, at P = 0.000.
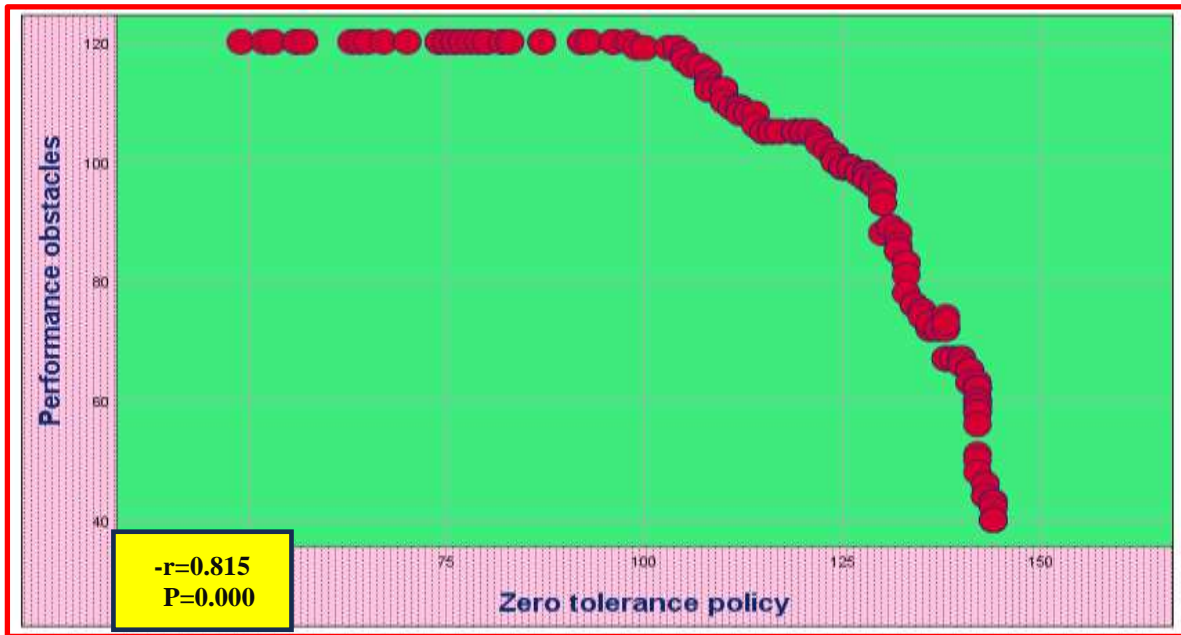
Figure (3): Scatter dot between zero tolerance policy and performance obstacles among the studied staff nurse (n= 200).

Figure (3): shows scatter dot between zero tolerance policy and performance obstacles among the studied staff nurse, it illustrates that there was a highly statistically significant negative strong correlation between performance obstacles and zero tolerance policy (among the studied staff nurse at r = - 0.815 & P = 0.000.

Table (2): Correlation between the dimensions performance obstacles and dimensions of zero tolerance policy among staff nurse (n= 200)

Performance obstacles		Zero tolerance policy			
		Awareness	Nurse's role	Manager's role	organization 's role
Performance obstacles in relation to work environment	r	-0.580	-0.522	-0.522	-0.567
	p	0.000**	0.000**	0.000**	0.000**
Performance obstacles in relation to organization	r	-0.707	-0.663	-0.710	-0.690
	p	0.000**	0.000**	0.000**	0.000**
Performance obstacles in relation to tools	r	-0.750	-0.698	-0.783	-0.730
	p	0.000**	0.000**	0.000**	0.000**
Performance obstacles in relation to nurse managers	r	-0.660	-0.594	0.622	-0.630
	p	0.000**	0.000**	0.000**	0.000**
Performance obstacles in relation to tasks	r	-0.733	-0.698	-0.751	-0.701
	p	0.000**	0.000**	0.000**	0.000**

*Significant p $\leq$ 0.05   **Highly significant p $\leq$ 0.01

Table (2): Shows Correlation between the dimensions of zero tolerance policy and dimensions of performance obstacles among staff nurse, it show that there was a highly statistically significant

negative moderate correlation between the dimensions performance obstacles (work environment, organization, tools, tasks and nurse managers) and dimensions of zero tolerance policy (Awareness regarding zero tolerance policy, zero tolerance policy in relation to nurses role, zero tolerance policy in relation to manager's role and zero tolerance policy in relation to organization's role) among the studied staff nurse at r ranged from (-0.522 to -0.783) & P = 0.000.

Table (3): Linear regression analysis of zero tolerance policy effect on performance obstacles among staff nurse (n= 200).

Model	Unstandardized coefficients		Standardized coefficients	T Test	P Value	R	r Square	F	P Value
	β	Std. Error	Beta						
Zero tolerance policy	-0.849	0.043	-0.815	19.7	0.000	- 0.815	0.664	390	0.000**
a. Dependent variable: Total score of performance obstacles									
b. predictors (constant): Total score of zero tolerance policy									

F: ANOVA Test

Table (3) represents linear regression analysis of zero tolerance policy effect on performance obstacles among the studied staff nurse. Linear regression analysis was conducted to empirically determine whether zero tolerance policy was a significant performance obstacle among the studied staff nurses. Regression results indicate the goodness of fit for the regression between of zero tolerance policy and performance obstacles among the studied staff nurse, was excellence. Additionally, F statistic of (390) indicated that the overall regression model was highly significant (P = 0.000). Moreover, regression coefficients, revealed that independent variable (Total score of zero tolerance policy) is a negative predictor factor of performance obstacles among the studied staff nurses. As β = (- 0.84) indicates that the increase in zero tolerance policy by one standardized point score is associated with decrease in performance obstacles among the studied staff nurse by (0.84) standardized point score.

DISCUSSION

Organizational zero tolerance policies are essential in promoting ethical behavior and creating a safe work environment, particularly in healthcare settings. However, their implementation can create performance obstacles among staff nurses. To minimize these obstacles, it is essential to communicate the policy clearly, apply it consistently, and create a culture of fairness and transparency in the organization. Clear and consistent communication, training, and leadership are critical in ensuring that the policy is perceived as fair and just, which can ultimately improve staff motivation and job satisfaction, leading to better patient outcomes *(Moses, J et al., 2020).* So, the current study aimed to assess the relationship between organizational zero tolerance policy and performance obstacles among staff nurses.

The ongoing study revealed that more than two-fifth and about three-fifths holding a certificate of Diploma nurse and the Technical Institute of Nursing of the studied staff nurses at Bilbais and Sadnawy hospitals.

This result was in agreement with *(El-Sawy, 2022)* in the study titled (assess the staff nurses' performance

obstacles and quality of work life at Benha university hospital in Egypt) who reported that more than thirty of the studied staff nurses had experience in nursing field five to ten years and half of them were holding a certificate from the technical institute of nursing.

the current study showed that more than three-quarters and more than four-fifths of the studied staff nurses have a high level of zero tolerance policy at Bilbais and Sadnawy hospitals. In addition to, presence of a highly statistically significant difference between zero tolerance policy

This finding agreement with *(Beattie et al., 2020)* in the study titled, (Workplace Violence: Examination of The Tensions Between Duty of Care, Worker Safety, And Zero Tolerance in Australia) who examined of the tensions between duty of care, worker safety, and zero tolerance in Australia and represented that the presence of a highly statistically significant difference between the levels of zero tolerance policy.

The current study described that three-fifths and more than two-thirds of the studied staff nurses of performance obstacles at both Bilbais and Sadnawy hospitals. In addition to, presence of a highly statistically significant difference between performance obstacles.

This result was congruent with *(Ibrahim et all., 2023)* in the study titled, (Stress and Job Performance Among Staff Nurses in Egypt) who reported that three-quadrants of the studied sample had of performance obstacles. While the one-fifth of them had a moderate and one- tenth low level respectively.

Concerning Scatter dot between performance obstacles and zero tolerance policy among the studied staff nurse, replying to research question No1 the current study illustrated that there was a highly statistically significant negative strong correlation between performance obstacles and zero tolerance policy among the studied staff nurse.

On the same line with *(Ghareeb et al., 2021)* in the study titled, (Assess the Workplace Violence Among Healthcare Workers in a Jordanian governmental Hospital in Jordan) who reported that there was a highly statistically significant negative strong correlation between performance obstacles and zero tolerance policy among the studied nurse.

According to research question No 1 the current study represented that there was a highly statistically significant negative correlation between the dimensions performance obstacles and dimensions of zero tolerance policy among the studied staff nurse.

This study was agreement with *(Shazly et al., 2021)* in the study titled, (Relationship performance obstacles and quality of work life in Egypt) who reported that there was a highly statistically significant negative correlation between the dimension's performance obstacles and dimensions of quality of work life among the studied staff nurse.

This finding disagreement with *(Nachreiner et al., 2020)* in the study titled, (Assess the relation between policies and work related assault in United States) who investigated the performance obstacles of intensive care units from the perspective of nurses and its relationship with quality of work life in Iran and found that represented that there was a highly statistically significant negative moderate correlation between the dimension's performance obstacles and dimensions of quality of work life among the studied staff nurse .

the current study replying to research question No1. Linear regression analysis was conducted to empirically determine whether zero tolerance policy was a significant performance obstacle among the studied staff nurses. Regression results indicated the goodness of fit for the regression between of zero tolerance policy and performance obstacles among the studied staff nurse, was excellence.

Moreover, regression coefficients, revealed that independent variable (Total score of zero tolerance policy)

is a negative predictor factor of performance obstacles among the studied staff nurses. As β = (- 0.84) indicated that the increase in zero tolerance policy by one standardized point score is associated with decrease in performance obstacles among the studied staff nurse by (0.84) standardized point score.

This result is in agreement with *(Alshourah, 2021)* in study the titled, (Total Quality Management Practices and Their Effects on The Quality Performance of Jordanian Private Hospitals. in Jordan) who reported that the goodness of fit for the regression between of zero tolerance policy and performance obstacles among the studied staff nurse, was excellence. Additionally, F statistic of (370) indicated that the overall regression model was highly significant (P = 0.000). Also, impact of workplace bullying on quiet quitting in nurses: the mediating effect of coping strategies.

This result was in agreement with in India *(Galanis et al., 2024)* in the study titled, (Impact of Workplace Bullying on Quiet Quitting in Nurses: The Mediating Effect of Coping Strategies. In Healthcare) who conducted that regression coefficients, revealed that total score of zero tolerance policy is a negative predictor factor of performance obstacles among the studied staff nurses.

CONCLUSION

The present study which aimed to explore the relationship between organizational zero tolerance policy and performance obstacles among staff nurses. It conducted that there was a highly statistically significant negative strong correlation between performance obstacles and zero tolerance policy among the studied nurses**.**

RECOMMENDATIONS

In the light of these findings, it was recommended that:

- Regularly review and update the zero tolerance policies to ensure that they are effectively reducing performance obstacles.
- Gain a basic understanding of how zero tolerance policies can positively predict performance obstacles, and apply this knowledge to your practice.

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