

# Exploratory Study Work Place Ostracism and Counter Productive Work Behavior among Nurses. A Qualitative Exploratory Study

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## ABSTRACT

**Background:** Human capital is the vital resource of any organization. The perceived inclusion of employees within the organization leads to positive employee outcomes such as psychological health, job satisfaction, commitment, and productivity. Whereas, on the other hand employee's exclusion or ignorance at workplace, gives rise to negative employee outcomes in the form of counter productive work behavior. In the last decade, the concept of workplace mistreatment became the center of attention in health care research in general and specifically in Pakistan.

**Objectives:** The aims and objective of current study was to explore the perception of nurses regarding workplace ostracism and counterproductive work behaviors at tertiary health care sector.

**Study Design:** A qualitative descriptive design was used for this study.

**Methodology:** A qualitative approach was adopted, and 12 semi-structured interviews from the staff nurses from tertiary health care hospital were conducted. The transcribed interviews were coded, and an inductive thematic analysis was used to generate themes and sub-themes.

**Place and Duration:** Present study was conducted in Allied Hospital, Faisalabad from March 2022 to June 2022.

**Results:** The study findings depicted six behaviors, i.e. biased treatment, exclusion from formal and informal interactions, interpersonal alienation, delayed sharing or hiding of knowledge, lack of work-related, social and emotional support constituted the acts of workplace ostracism in hospital setting. The psychological well-being of nurses suffered in terms of negative emotions, reduced job, career and life satisfaction in their work and family life. There is more negative outcome of workplace ostracism as compare to positive one. This negative outcome regards as counterproductive work behavior and in depth, exploration reveals its meaning, causes and consequences on both individual and organizations.

**Practical Implications:** This exploratory study focuses on workplace ostracism and counterproductive work behavior among nurses in a tertiary healthcare setting. The study highlights the negative impact of workplace ostracism on the psychological well-being and work-related outcomes of nurses, and emphasizes the need for creating inclusive work environments that promote positive employee outcomes.

**Conclusion:** This study found six exclusionary behaviors, i.e. biased treatment, exclusion from formal and informal interaction, interpersonal alienation, delayed sharing or hiding of knowledge, lack of work related, social and emotional support that constituted the acts of ostracism in health sector. In addition, this study also explores the causes of ostracism as jealousy, envy, ethnic, political and union discrimination. Besides, it was found that workplace ostracism.

**Keywords:** Workplace ostracism, Counterproductive work behavior, Nurses, Psychological well-being, qualitative, Contextual factors.

## INTRODUCTION

Mistreatment became the center of attention in health care research in general and specifically in Pakistan. Visible mistreatments such as harassment, bullying, injustice, abuse, and incivility Human capital is the vital resource of any organization.<sup>1,2</sup> The perceived inclusion of employees within the organization leads to positive employee outcomes such as psychological health, job satisfaction, commitment, and productivity.<sup>3</sup> Whereas, on the other hand employee's exclusion or ignorance at workplace also known as Workplace Ostracism, gives rise to negative employee outcomes. In the last decade, the concept of workplace were found to have a myriad of psychological and work-related impacts on the performance of employees.<sup>4</sup>

In spite of the research attention being given to vivid mistreatments, it is only recently that more subtle yet more detrimental interpersonal mistreatments have the gained attention of researchers globally. One instance of such distinct mistreatment termed as workplace ostracism has become an emergent issue in the recent literature.<sup>5</sup> Workplace ostracism is indulgence in relatively subtle behaviors that cause isolation or disconnection of people by means of omission of socially expected actions.<sup>6</sup>

Various cross-sectional studies witnessing that workplace ostracism is associated with negative employee outcomes in Pakistan, yet there is room for in-depth exploration and understanding the complex relationship of workplace ostracism and resultant counterproductive work behaviors of nurses utilizing a qualitative exploratory approach.<sup>7</sup> Furthermore, for improving the well-being of nurses, it is important to comprehend the

mechanisms underlying workplace ostracism and consequent counterproductive work behaviors of nurses at public sector hospitals in Pakistan.<sup>8,9</sup> Different studies were help in understanding why and how nurses feel ostracized at their workplace also, the underlying factors that contribute to counterproductive work behaviors among nurses. Investigate the association between workplace ostracism and counterproductive work behaviors as well as the underlying personal and situational contributing factors.<sup>10,11</sup>

Many researchers further in their studies were provided a direction to health care organizations towards investing in training and development of their employees regarding effective management of their emotions with theoretical and practical perspectives thereby, strengthening the basic abilities and skills of employees to express reasonable conduct which can leads to improve work performance.<sup>15,16,17</sup> Supporting above evidence another qualitative study findings were quoted, that depicting that ostracism ends up in defensive silences, passes through the exhaustion stage, and promotes social deviances. Another study in health sector organization, revealed that workplace ostracism among nurses is positively associated with knowledge hoarding and employee time theft.<sup>14</sup> The authors further, stressed on knowledge hoarding stating that it is the most critical problem faced by organizations due to its negative effects on individual's growth as well as the organizational success.

**Rationale of Study:** Human capital is the vital resource of any organization. The perceived inclusion of employees within the organization leads to positive employee outcomes such as psychological health, job satisfaction, commitment, and productivity. Whereas, on the other hand employee's exclusion or

ignorance at workplace, gives rise to negative employee outcomes in the form of counter productive work behavior. In the last decade, the concept of workplace mistreatment became the center of attention in health care research in general and specifically in Pakistan. The aims and objective of current study was to explore the perception of nurses regarding workplace ostracism and counterproductive work behaviors at tertiary health care sector.

**Research Gap:** There may be a need for exploring interventions that can address workplace ostracism in healthcare settings. Lastly, further research could explore the experiences of other healthcare professionals who may also be affected by workplace ostracism.

**MATERIALS AND METHODS**

**Study Design:** A qualitative descriptive design was used for this study.

**Methodology:** A qualitative approach was adopted, and 12 semi-structured interviews from the staff nurses from tertiary health care hospital were conducted. The transcribed interviews were coded, and an inductive thematic analysis was used to generate themes and sub-themes.

**Place and Duration:** Present study was conducted in Allied Hospital, Faisalabad from March 2022 to June 2022

**Sample Collection Method:** The purposive sampling technique was used and Sample size has not been specified for qualitative study. Tentatively, 10 to 12 participants are planned for interview however, the data was collected till saturation achieved. Nurses working on bedside at Allied Hospital Faisalabad, Pakistan. Whereas, nurses who are not involved in direct patient care including head nurses, nurse managers and clinical instructor were excluded.

**Inclusion Criteria:**

- Nurses (male and female) who are working at public sector hospital of Faisalabad
- Age 24-30 years of Nurses
- Have 1-5 of work experience
- Qualification General Nursing & Midwifery Diploma Holder Nurses.

**Exclusion Criteria:**

- Nurses working on administrative side (Head nurses, Nurse Managers, Clinicalinstructors).
- Nurses having experience more than 5 years.

**Data Analysis:** The interviews were tap recorded then transcribed into written and read repeatedly to get a feel for the whole. Transcription was the first step to analyzed data by repeatedly and carefully listening of the audio recording interviews. The qualitative data from audio recorded interviews was transcribed verbatim. As transcribed verbatim is a skill of changing spoken word into text in such a way that message is captured correctly the way it has been spoken. Data from all interviews were transcribed precisely by the researcher herself. Four researcher read and re- read the interviewed data. After that transcription start to convert this audio data into a written form.

**Statistical Analysis:** SPSS software version 2018 was used to analyse raw data and P value was considered less than 0.05(p<0.05)

**RESULTS**

The result of current study was elaborated in two sections. Section I provides the detailed description of interview data in qualitative context about work place ostracism and Section II shows the perception of nurses about counterproductive work behavior. Results findings elaborated the perception of nurses about workplace ostracism and counterproductive work behavior. Sixteen registered staff nurses voluntarily continue to be part of the study. Four of these were excluded due to busy schedule or some domestic and workplace circumstances. This resulted in total of twelve participants being interviewed via face to face contact. The inductively constructed thematic framework from the interview

responses comprised of four themes. These two themes were generated from underlying sub-themes mentioned in Table-1.

Table-1: Interview data in qualitative context about work place ostracism

Themes	Sub-Themes
Theme-1: Behaviors representing workplaceostracism	Interpersonal and work-related ignoring Emotional and work-related Neglect Delayed response and deliberate knowledge hiding. Social and work-related exclusion Biased treatment Undermining
Theme-2: Perceived Causes of Work placeostracism	Jealousy Envy Interference in private life Being ostracized due to some other people,

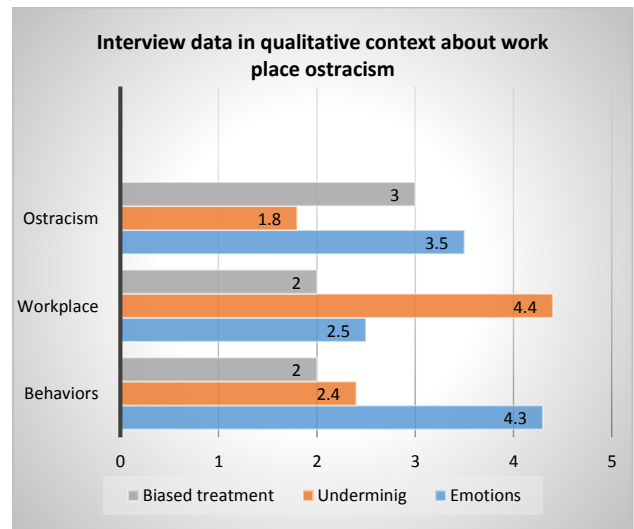


Fig-1

Sixteen registered staff nurses voluntarily continue to be part of the study. Four of these were excluded due to busy schedule or some domestic and workplace circumstances. This resulted in total of twelve participants being interviewed via face to face contact. The inductively constructed thematic framework from the interview responses comprised of three themes. These three themes were generated from underlying sub-themes mentioned in Table-2.

Table-2: Showed the perception of nurses about counterproductive work behavior.

Themes	Sub-themes
Theme-1: Understanding Counterproductive work behavior	Leaving ward work earlier without permission Absenteeism without prior notice Intentionally working slowly, or taking long breaks Damage to ward equipment Theft of injections and other ward items Favoritism and gossiping Blaming others for one's mistakes etc.
Theme-2: Causes of counterproductive workbehavior	Abusive supervision and Ostracism Nurses perception of injustice Personal level causes No fear of being caught No fear of future consequences Weak moral values Financial hardships

Furthermore, exploration of participant's perception revealed the nurses understanding about deviant behaviors like leaving ward work earlier without permission, intentionally working slowly, or taking long breaks, damage to ward equipment, theft of injections and other ward items, corruption, showing favoritism, gossiping, blaming others for one's mistakes, unfair competition harassment, verbal abuse, and endangerment etc.

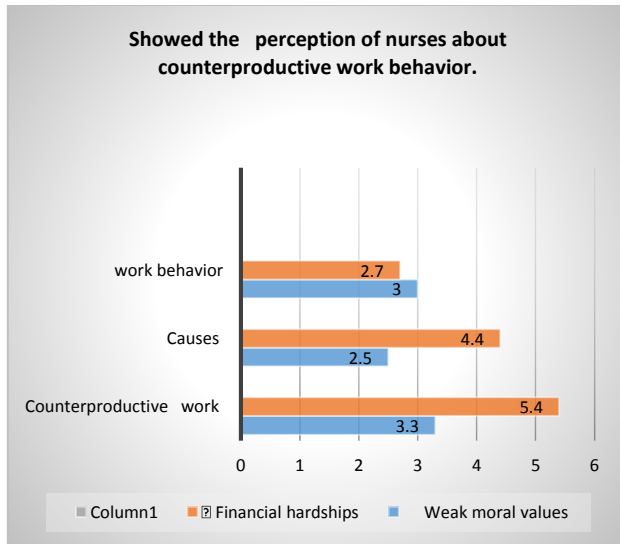


Fig-2

## DISCUSSION

The purpose of this study was to explore the perception of the nurses about workplace ostracism and counterproductive work behavior at tertiary care setting. The present study explore relevant behaviors associated with the concept of workplace ostracism and counterproductive work behavior in nurses working context by investigating how staff nurses perceive ostracism and counterproductive work behavior, perceived causes, impacts and consequences of these variables as carried out by their immediate head nurse/supervisor or the subordinates.

Thus, the present study was one of the first to address the very nature and characteristics of this particular form of workplace ostracism, and demonstrates that it may be described in terms of six sub themes, based on in-depth interviews with staff nurses at public sector hospital.<sup>16,19</sup> Specifically, the sub-themes, of workplace ostracism as it emerges from the perceptions of staff nurses, comprise ignoring, neglect, delayed response and deliberate knowledge hiding, exclusion, differential treatment, and undermining. We posit that these sub-themes denote different forms of workplace ostracism that alone or in combination act as sources of deteriorated belongingness and inclusion at work.<sup>11,12,13,15</sup>

This description resembles previously suggested definitions of workplace ostracism, such as that of stating that workplace ostracism denotes acts of omission and open exclusionary behavior that "hinders one's ability to establish or maintain positive interpersonal relationships, work-related success, or favorable reputation" at work.<sup>17,19</sup> However, it also offers a more precise account of the behavioral aspects of ostracism apparent when enacted by an immediate leader. Thus, the present research is in line<sup>18,20</sup> call to investigate and describe how the source of workplace ostracism itself may affect its behavioral manifestations<sup>12,18</sup>

Indeed, as shown in the present study, certain ostracism behaviors appear to be leader- specific while others yet earn their strength and impact from the leader position. Thus, although ostracism as carried out by a head nurse conceptually overlaps with workplace ostracism enacted by other organizational members, their behavioral expressions are not necessarily the same according to our results. This study extended beyond the existing workplace ostracism in general<sup>3,4,5,6</sup> and in specific context of examining workplace ostracism experiences in academia<sup>7,8,9</sup> by uncovering the behavioral typology of this construct.<sup>20</sup>

## CONCLUSION

This study found six exclusionary behaviors, i.e. biased treatment, exclusion from formal and informal interaction, interpersonal alienation, delayed sharing or hiding of knowledge, lack of work related, social and emotional support that constituted the acts of ostracism in health sector. In addition, this study also explores the causes of ostracism as jealousy, envy, ethnic, political and union discrimination. Besides, it was found that workplace ostracism.

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