

Organizational Deviance And Its Relationship With Workplace Ostracism among Nurses

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ABSTRACT

Background: Nursing professionals, the largest healthcare workforce, often face challenging work environments that can lead to negative behavioral patterns. Organizational deviance and workplace ostracism represent concerning phenomena that may undermine healthcare delivery systems and affect nurse retention. **Aim:** This study aims to determine the relationship between organizational deviance and workplace ostracism among nurses in selected Port Said hospitals. **Subjects and Methods:** A cross-sectional design was used to conduct the study in Port Said hospitals. The study subjects consisted of 262 nurses. Two tools were used for data collection: The Organizational Deviance Scale and the Workplace Ostracism Scale. **Results:** Results revealed that nearly half (49.5%) of nurses exhibit moderate levels of organizational deviance, while 33.6% demonstrate low levels and 16.9% show high levels of deviant workplace behaviors. Regarding workplace ostracism, 42.33% of nurse's experience moderate levels of exclusion, 34.73% report high levels, and 22.94% experience low levels. **Conclusion:** These findings indicates a strong positive correlation between total organizational deviance and total workplace ostracism, suggesting that higher levels of workplace ostracism are significantly associated with increased organizational deviance. **Recommendations:** The study highlights the importance of creating inclusive work environments to mitigate negative organizational behaviors among nursing professionals.

Keywords: Nurses, Organizational deviance, workplace ostracism

INTRODUCTION

Nurses face continual exposure to emotionally intense and demanding circumstances, requiring them to deliver compassionate care, often in unfavourable conditions. They must also manage their own emotions while alleviating the suffering of both patients and their families. In this context, their bad relationships with one another may contribute to heightened stress levels nurses to leave work. Additionally, it compromises the patients' safety (Almost et al., 2016 ; Sarfraz et al., 2019).

Organizational deviance is any activity that does not agree with the legal requirements, rules, values, norms, social culture, conventions, and traditions. deviance behaviors can take many different forms, including Organizational dysfunctional behaviors, antisocial behaviors, counterproductive work behaviors, and A deviant workplace behavior has numerous unfavorable .misbehavior organizational ospital, such as decreased productivity, absenteeism, and effects for nurses and the h performance (Bayin & Terekli-Yesilaydin, 2014). Although deviance may have a negative connotation, the breach of social standards is not necessarily a bad action; good deviation arises in certain cases. Despite the violation of a standard, conduct may still be seen as favourable or acceptable (Khattak, Khan, Fatima, & Shah, 2019).

Workplace deviance is widely characterized as actions undertaken by organizational members that have or are intended to have, detrimental effects on colleagues, supervisors, or the organization itself. This conduct in the workplace has garnered significant public attention in recent years. Notoriety often arises from the dramatic adverse outcomes linked to misconduct inside businesses, such as the financial devastation of several nurse s resulting from the illicit acts of corporate executives (Mostafa, Boon, Abouarghoub, & Cai, 2022).

regulations and personnel violat compagnies Organizational deviance occurs when Abusive supervision, dysfunctional personnel, and .conduction in aberrant teparticipan toxic work environments are organizational elements that provoke and perpetuate such conditions. Workplace deviance may come from the worker's opinion that the company

ted them. The traits of leaders and their treatment of workers, together with has mistrea the attributes of nurse s and their responses to the company, are factors of organizational deviance(Moon, Morais, Randsley de Moura, & Uskul, 2021).

Organizational deviance refers to actions that deviate from an organization's normative norms. In some instances, organizations may see deviant behaviors as non-functional; nevertheless, such behaviours may be advantageous for workers, as they may help safeguard honesty, self-respect, and independence. Beneficial deviant behaviors for the company are termed positive deviant behaviors, positing that both negative and positive forms of organizational deviance may manifest in the workplace (Singh, 2020).

Government hospitals provide nurses with the opportunity to engage and communicate with patients and other medical teams in a substantial social setting. Even though social engagement has many advantages, some organizational Nurse s purposefully separate themselves, therefore the results are not always favorable (Jahanzeb, Fatima, Javed & Giles, 2020).

The term "ostracism" refers to this phenomenon and describes "the degree to which a nurse feels that she is disregarded or excluded by others." Social researchers are paying more attention to the topic of workplace ostracism, and various studies have confirmed that it negatively impacts individual behavior, performance, and organizational outcomes (Shafique, Qammar, Kalyar, Ahmad, & Mushtaq, 2020).Counterproductive work conduct, a violent form of behavior that has a major effect on all parties involved in the business, including clients, consumers, is the result of ostracism (Jahanzeb et al., 2020).

Workplace ostracism occurs when some colleagues exclude others from social interactions, occasionally leaving the room upon their entrance, avoiding eye contact, or outright refusing to engage in conversation. Ostracized persons are often disregarded by colleagues, who may refuse to acknowledge them. Experiencing workplace ostracism undermines an individual's self-esteem. Workplace ostracism is a kind of subtle aggression that has garnered significant attention. This research primarily synthesizes

findings on workplace ostracism from local and international literature. Workplace ostracism is acknowledged as a significant issue inside businesses (Ngozi & Martha, 2022). Workplace ostracism behavior arises from prolonged and multifaceted interactions among employers, workers, and leaders within the organizational framework (Pereira & Mohiya, 2021).

Workplace ostracism adversely affects Nurse psychology, leading to heightened workplace stress, emotional tiredness, mental despair, and diminished job satisfaction. It correlates with workers' psychological distress, including work-related tension, emotional fatigue, and depression, which may impact job satisfaction, familial relationships, and overall health. Ostracism depletes the resources allocated for fulfilling needs and attaining objectives, hence inducing stress and anxiety related to job demands and anticipated performance (Chenji & Sode, 2019).

Workplace ostracism results in various detrimental work behaviors, including knowledge hiding and cyberloafing. We propose a positive correlation between perceived workplace ostracism and deviant behavior, as individuals subjected to norm-violating conduct may reciprocate with analogous behaviors. Workplace exchange rules and conventions influence social behaviors and are dependent upon the actions of others. When an individual breaches trade norms, the other individual exhibits a heightened propensity to break commitments (Ugwu et al., 2023).

Significance of the study

Nurse workplace deviance has grown to be a serious problem, and its presence has an impact on an organization's success. Among the identified deviance's were under performance, fraud, lack of integrity at work, and false medical claims (Alias & Rasdi, 2015). Deviant workplace behaviors are actions taken by nurses that have the potential to do harm to a company or its members (Walsh et al., 2019). Deviant behaviors are actions that go beyond the organization's reasonable standards. According to Abdullah and Marican (2015) the organization's norms are the acceptable behaviors and beliefs that are allowed.

The Antecedents of workplace ostracism are significant because of the antecedents designed; appropriate actions should be taken to minimize the cause of workplace ostracism. Workplace Ostracism refers to individuals being excluded and ignored by others in the workplace. Ostracism diminishes Nurse s' resources, which will positively influence organizational cynicism and counterproductive work behavior (William , 2007).

Previous studies have sought to explain the underlying mechanisms via which ostracism may nurture deviant conduct in addition to the direct link between deviant behavior and workplace ostracism. Unfortunately, only a small number of these studies have been carried out in public hospitals and nursing settings, which restricts our comprehension of how these fundamental systems function under border situations (Karatuna, Jonsson, & Muhonen, 2020). Accordingly, the present study aims to determine the relationship between organizational deviance and workplace ostracism among nurses in the port-said selected hospitals.

AIM OF THE STUDY

This study aims to explore the relationship between organizational deviance and workplace ostracism among nurses in selected Ports-Said hospitals.

Specific objectives are to:

1. 1.Determine level of organizational deviance as perceived by nurses.
2. 2.Assess staff nurses' perceptions toward workplace ostracism.
3. Determine the relation between organizational deviance and workplace ostracism among nurses.

Research questions:

Is there a relation between organizational deviance and workplace ostracism among nurses?

SUBJECT AND METHODS

Subject and methods were discussed in the following:

- I. Technical design.
- II. Operational design.
- III. Administrative design.
- IV. Statistical design.

Technical design:

The technical design for this study includes the research design, study setting, subjects, and data collection tools.

Research Design

The design utilized in this study was a descriptive correlational research design.

Study Setting: -

The present study was conducted at the three governmental hospitals, El-Zohor Hospital, As-Salam Hospital, and Al-Hyah Hospital, which are affiliated with the Egypt Health Care Authority Hospitals in Port Said Governorate.

Subjects:

Using proportional allocation, a total sample of 262 nurses was selected and distributed across the three hospitals based on their respective nursing populations. The distribution of the sample was as follows:

- As-Salam Hospital: 95 nurses
- Al-Hyah Hospital: 109 nurses
- El-Zohor Hospital: 58 nurses

Nurses were selected from all inpatient units within the three hospitals using a simple random sampling technique to ensure a representative and unbiased sample.

Sample size:

The calculation of sample size was done based on power analysis. 262 nurses were enrolled in this study. based on the following equation :

$$S = \frac{x^2 N P (1-P)}{d^2 (N-1) + x^2 p (1-p)} \quad \text{Rerjcie \& morgan (1970)}$$

The sample size of 262 nurses out of the total study population.

$$s = \frac{3.841 \times 813 \times 0.50(1-0.50)}{(0.05)^2 \times (813-1) + 3.841 \times 0.50(1-0.50)} = 262 \text{ nurse}$$

As- Salam hospital: 95 nurses; Al-Hyah Hospital: 109 nurses and Alzohour Hospital : 58 nurses

Inclusion Criteria

All nurses (male and female) working at all inpatient units in the hospitals mentioned above. The nurses chosen for the study had no age limit, at least one year of experience, and all available educational levels.

Tool for Data Collection:

Two instruments, the organizational deviance scale and the workplace ostracism scale (WOS), were used as data collection tools.

Tool I: Organizational Deviance Scale. It consists of two parts:

First part: job and personal characteristics of the nurses', including age, gender, marital status, qualifications, experience, and work units.

The second part is the Organizational Deviance Scale, which developed by Bennett and Robinson (2000) in an English language to assess nurses' perceptions of organizational deviance. The scale consists of six major domains, incivility or rude behavior domain, production deviance domain, theft domain, sabotage domain, withdrawal domain, sarcasm domain. The scale includes 20 items, including arriving late to work without authorization, exhibiting minimal effort in job responsibilities, and prolonging tasks to accrue overtime.

Scoring system and interpretation:

On a 7-point Likert scale, participants were asked to rate their level of participation in each activity over the previous 12 months. The following were the scale anchors: One means never, two means once a year, three means twice a year, four means frequently a year, five means monthly, six means weekly, and seven means everyday. The range of the overall score was 20–140. The scores were low (20–50), moderate (51–100), and high (101–140).

Tool II: Workplace Ostracism Scale (WOS).

Developed by Ferris, Brown, Berry, and Lian (2008) in an English language, this scale evaluates staff nurses' perceptions regarding workplace ostracism. The scale consists of two major domains, perception of workplace ostracism and personal impact of ostracism comprising 20 items: including colleagues who disregarded you at work, others who vacated the area upon your arrival, and your greetings needed to be acknowledged in the workplace.

Scoring system and interpretation:

The Likert scale, which ranges from one disagree to three agree for negative items and vice versa for positive items, was used to evaluate the responses. The total score would consequently fall between 20 and 60. The scores were low (20–33), moderate (34–47), and high (48–60). (Ferris et al., 2008).

Operational Design:

The operational design includes the preparatory phase, validity and reliability, pilot study, and fieldwork.

Preparatory phase:

It involves reviewing literature, diverse studies, and theoretical understanding of many elements of organizational deviance and workplace ostracism, utilizing books, research papers, the internet, publications, and magazines. This phase aimed to comprehensively understand the existing body of knowledge, identify literature gaps, and build a foundation for the study's design and methodology.

Content validations of the tools:

To ensure accuracy and clarity, the two instruments utilized in this study were first translated into Arabic and then again into English. To evaluate the validity of the instruments, five nursing experts were consulted. To assess the translated tools' content, clarity, applicability to the study environment, and relevance, they went over them.

●Reliability:

Cronbach's alpha coefficient was calculated using test-retest internal consistency to analyze reliability tools. Cronbach's Alpha for tools organizational deviance scale and workplace ostracism scale was 0.94 and 0.91, respectively, which reflect high reliability for two tools

●Pilot study:

A pilot study was carried out with 10% of the sample, consisting of 27 randomly chosen nurses, prior to the primary data collection. In addition to estimating the time needed to finish the data collecting sheets, the pilot study sought to assess the tools' viability, objectivity, and applicability. No changes were required in light of the pilot study's findings, and the final analysis used all of the data gathered.

Fieldwork:

After receiving formal approval from the directors of the three hospitals participating in the study, the fieldwork got underway. To clarify the study's goals and get cooperation during the data collection procedure, the researcher initially visited with the director of nursing services at each hospital. A basic random sampling method was used to choose the sample from a list of nurses from each institution. After selecting each staff nurse based on availability, the researcher visited with them one-on-one to go over the purpose and methods of the study and get their verbal informed consent to take part. The nurses who consented to participate were given the study tool and explicit instructions on how to complete it. During this time, the researcher was on hand to answer any queries or worries. While some participants finished the questionnaire right away, others gave it back after a short while. It took approximately twenty to twenty-five minutes to complete the questionnaire. The three-month data collection process commenced in December 2023 and concluded at the end of March 2024. Data was meticulously gathered two days a week during the morning shift.

Administrative Design:

The dean and vice dean of postgraduate studies and research at Port Said University's Faculty of Nursing provided an official letter. The three hospitals' nursing directors received this letter outlining the study's goals, requesting their involvement, and securing the required authorizations. Following a thorough explanation of the study's goals, the hospitals subsequently granted written consent.

Ethical Considerations:

Under code number NUR (6-6-2025) (48), the study received formal permission from the Port Said University Faculty of Nursing's Ethical Committee. All participating nurses gave their informed consent after being fully informed about the nature and goal of the study. Participants received assurances that participation in the study was entirely optional and that there would be no repercussions if they chose to leave. Throughout the investigation, strict measures were taken to ensure the anonymity and confidentiality of the data obtained.

Statistical Design

IBM SPSS software was used for data analysis (version 26.0). To ensure accuracy, a comprehensive review and verification were carried out after data entering. For quantitative data, the Shapiro and Kolmogorov-Smirnov tests evaluated the normality of the distribution. The reliability of the study instruments was demonstrated by using Cronbach's alpha to assess their internal consistency. Means (M), standard deviations (SD), and frequencies or percentages for categorical variables were used to summarize the scales. The degree and direction of the association between two quantitative variables that are regularly distributed are measured by Pearson's correlation coefficient. To evaluate the impact of the factors, a multiple linear regression analysis was performed. At the 5% level, all results were deemed significant ($p < 0.05$).

RESULTS

Table (1): Frequency and percentage distribution of the studied nurses according to their job and personnel characteristics (n=262).

Demographic characteristics	N	%
Age		
20-<29	144	55
30-39	63	24
>39	55	21
\bar{x} S.D 35.27±4.42		
Gender		
Male	72	27.5
Female	190	72.5
Hospital		
Al Salam hospital	95	36.3
Al- hyah Hospital	107	40.8
Al Zohour Hospital	58	22.1
Marital status		
Single	63	24.0
Married	160	61.1
Divorced	39	14.9
Educational qualification:		
Diploma of secondary nursing school	99	37.8
Diploma of institute of nursing	113	43.1
Nursing bachelor	46	17.6
Post-graduate education	4	1.5
Nursing experience years		
<5 years	65	24.8
5 <10 years	102	38.9
10 <15 years	62	23.7
≥ 15 years	33	12.6
\bar{x} S.D 11.31±6.57		
Work department		
ICU	111	42.4
Inpatient unit	64	24.4
OPD	18	6.9
Emergency department	26	9.9
OR	43	16.4

Table 1 provides an overview of the employment and job characteristics of the studied nurses (n=262). The mean age of the nurses was 35.27±4.42 years, with more than two-thirds being female (72.5%) and 61.1% married. Regarding educational qualifications, more than two-fifths (43.1%) held a Technical Nursing Diploma, while over one-third (37.8%) had Diploma of secondary nursing school. The nurses' mean years of experience were 11.31±6.57 years, and over two-fifths (42.4%) were employed in the ICU.

Table (2): Mean and mean percent of Organizational Deviance domains

Organizational Deviance Domains	Max	Min	Mean	SD	Mean percent
Incivility or Rude Behavior domain	30	5	13.81	6.9	39.45%
Production Deviance domain	37	5	12.04	5.7	34.4%
Theft domain	7	3	2.88	1.03	13.7%
Sabotage domain	10	2	2.11	0.97	15.07%
Withdrawal domain	13	3	5.98	2.6	28.5%
Sarcasm domain	14	2	5.92	2.3	42.3%

Table 2 presents the mean and mean percentage of organizational deviance across six domains. The highest mean percentage domains among organizational deviance was for **Incivility or Rude Behavior** (M = 13.81, SD = 6.9) follows closely with **39.45%**, indicating moderate occurrences of workplace rudeness, **Production Deviance** (M = 12.04, SD = 5.7) has a mean percentage of **34.4%**, reflecting a notable level of behaviors that reduce productivity. In contrast, **Theft** (M = 2.88, SD = 1.03) and **Sabotage** (M = 2.11, SD = 0.97) have the lowest mean percentages at **13.7%** and **15.07%**, respectively, indicating that direct financial or physical harm to the organization is less prevalent compared to subtler deviant behaviors. **Withdrawal** (M = 5.98, SD = 2.6) accounts for **28.5%**, highlighting disengagement behaviors such as absenteeism. The **Sarcasm domain** (M = 5.92, SD = 2.3) has the highest mean percentage at **42.3%**, suggesting sarcasm is the most frequently reported form of deviant behavior.

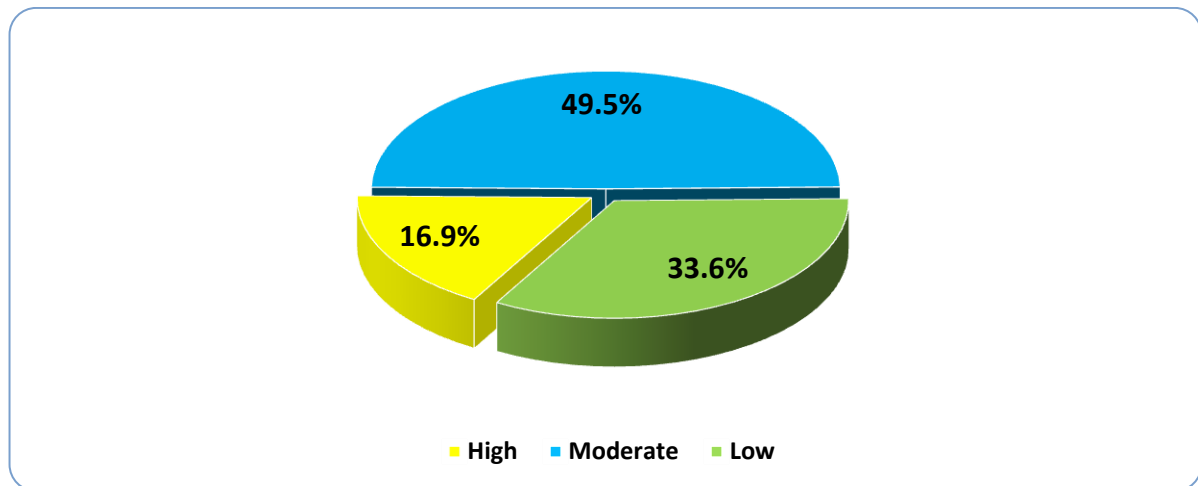


Figure (1): Total Organizational Deviance among the studied nurses (n=262).

Figure 1 reveals that 49.5% of nurses exhibit a moderate level of organizational deviance, 33.6% of nurses report low organizational deviance, and 16.9% demonstrate a high level of organizational deviance.

Table (3): Mean and mean percent of workplace Ostracism domains

Workplace Ostracism domains	Max	Min	Mean	SD	Mean percent
Perception of Workplace Ostracism	24	10	12.57	3.90	41.9%
Personal Impact of Ostracism	27	10	16.35	4.72	54.5%

Table 3 presents the mean and mean percentage of workplace ostracism across two domains. The **Perception of Workplace Ostracism**, measured by 10 items, has a mean 12.57 (SD = 3.90) with a mean percentage of **41.9%**, indicating a moderate level of perceived ostracism among respondents. The **Personal Impact of Ostracism**, also assessed with 10 items, shows a higher mean 16.35 (SD = 4.72) and a mean percentage of **54.5%**, suggesting that Nurse s experience a more significant personal impact from ostracism compared to their general perception of it in the workplace. The variation in scores highlights that while workplace ostracism is perceived at a moderate level, its personal consequences are relatively more profound.

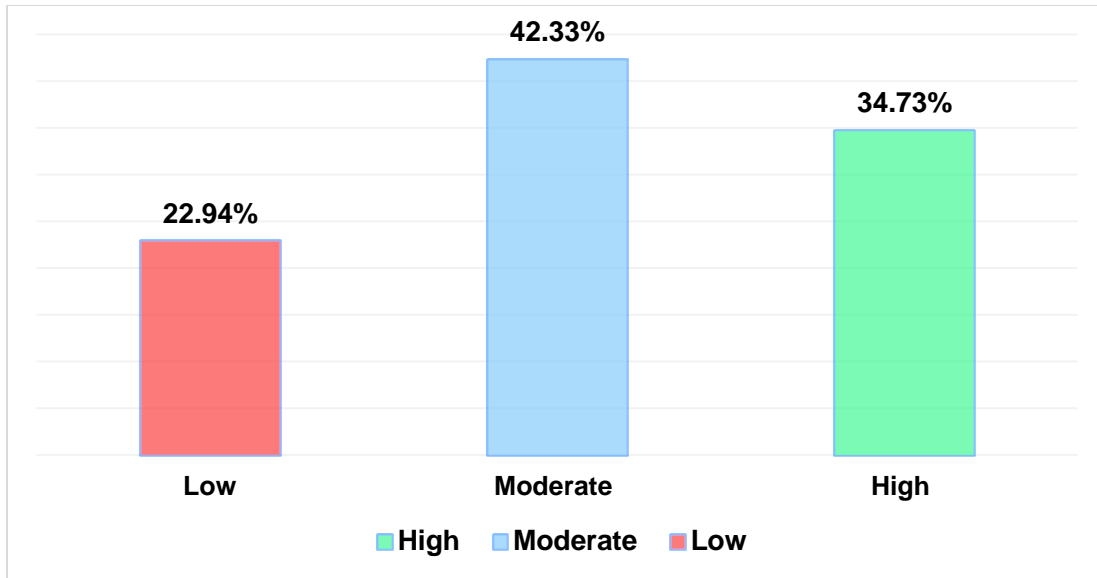


Figure (2): Percentage of total workplace ostracism among the studied nurses (n=262).

Figure 2 reveals that 42.33% of nurse's experience moderate workplace ostracism, representing the most significant proportion among the categories. This is followed by nurses reporting high levels of ostracism at 34.73%, indicating that over a third of the sample feels a remarkable degree of exclusion at work. Finally, the lowest level of ostracism is observed in 22.94% of nurses.

Table (4): Pearson correlation between the studied variables

Study variable		Total Organizational Deviance
Total Workplace Ostracism	r	.853
	p	.000**

(**) Statistically significant at $p < 0.01$. *r* Pearson correlation

Table 4 indicates a strong positive correlation ($r=0.853$) between total organizational deviance and total workplace ostracism, suggesting that higher levels of workplace ostracism are significantly associated with increased organizational deviance.

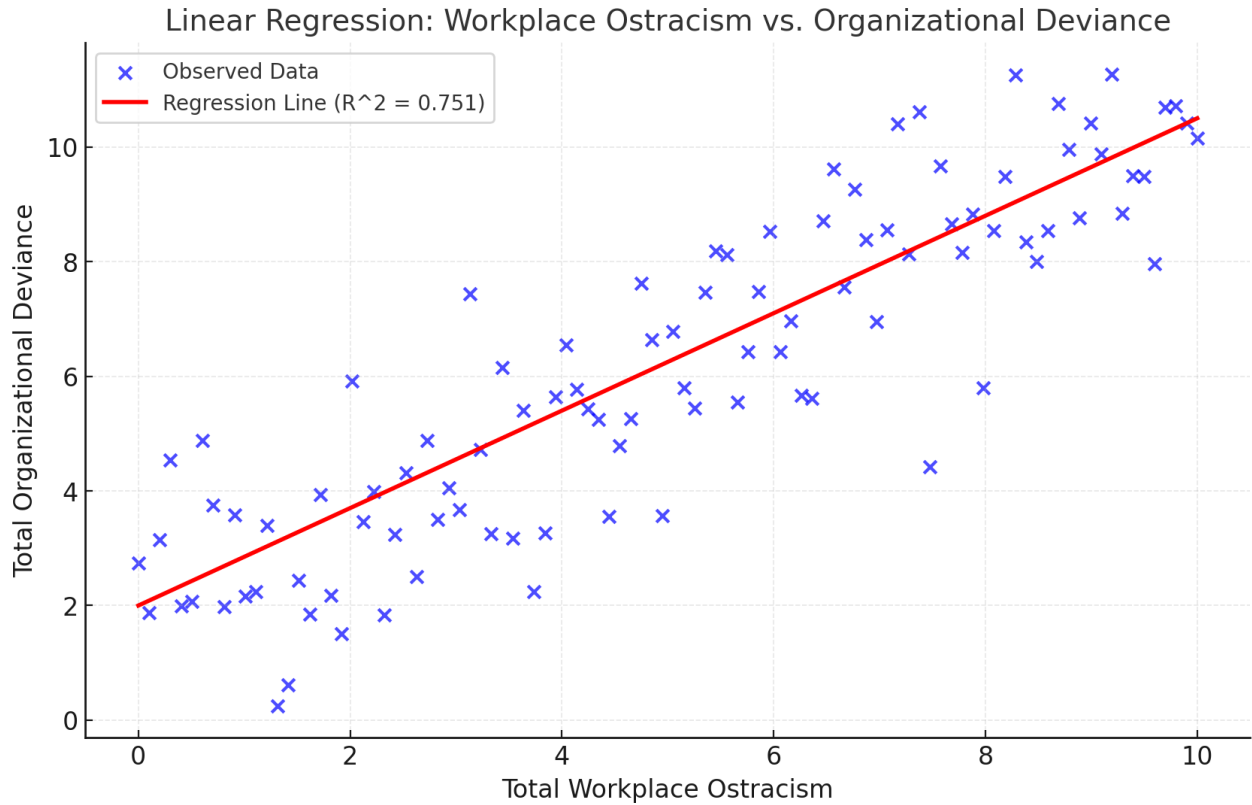


Figure (3) Linear regression between total organizational deviance and total workplace ostracism

Figure (3) shows the scatter plot represents the linear regression analysis between total organizational deviance (dependent variable) and total workplace ostracism (independent variable), with an $R^2=0.751$, indicating that workplace ostracism explains 75.1% of the variance in organizational deviance. The red line represents the regression line, showing a strong positive correlation between the two variables. The blue scatter points indicate observed data with slight variability due to noise, reflecting real-world conditions. As workplace ostracism increases, organizational deviance also tends to rise, demonstrating a significant predictive relationship.

DISCUSSION

Organizational deviance refers to behaviors that run counter to accepted standards and practices within a company. Such actions may sometimes undermine corporate goals and cause upheaval. In nursing, such deviant actions might seriously endanger team harmony and possibly compromise patient safety and treatment (Agwa, 2018).

On the other hand, workplace ostracism is the deliberate neglect or exclusion of individuals inside a company. Nurses working in high-pressure, cooperative environments may experience ostracism, which might increase stress, lower job satisfaction, and compromise general performance. The relationship between these two ideas suggests that when nurses engage in or undergo aberrant conduct, it might lead to sensations of isolation and exclusion within the workplace. This study looks at how organizational deviance and workplace ostracism interact to clarify how negative behaviors compromise organizational efficiency and lower the working environment among nurses. Understanding these dynamics might ultimately help to shape actions to foster improved work cultures, strengthen team cooperation, and improve patient care outcomes (Belgasm, Alzubi, Iyiola, & Khadem 2025).

The study findings on organizational deviance among nurses across six domains show that sarcasm is the most often mentioned kind of deviant behavior among respondents. Nurses who consider themselves undervalued or overwhelmed in their work environments use sarcasm as a coping mechanism or method of communication. The frequency of sarcasm could indicate underlying issues like job dissatisfaction or lack of organizational support, both of which have been connected to workplace deviance (Hashish, 2020; Elgammal, Zahran, & Obied, 2023).

Apart from sarcasm, the nurses under scrutiny also often mentioned incivility defined as rude behavior. This result matches recent studies showing that rudeness in medical settings creates a negative work environment that lowers staff morale and patient care (Atalla et al., 2024). The prevalence of sarcasm and incivility suggests that nurses might express their dissatisfaction in ways that could compromise patient outcomes and

team cohesion. Hashish noted that nurses who lack organizational support may be more inclined to engage in deviant conduct as a coping technique (Hashish, 2020).

A disturbing finding is production deviance, which includes actions that reduce output. This suggests that some nurses might act in ways that compromise their professional efficacy. Kakemam, Torkzadeh, Rouzbahani, Zahedi, and Chegini (2021) found that opinions of organizational justice generally correlate with workplace deviant behaviors, implying that nurses could respond by lowering their output .

Withdrawal actions, including absenteeism, show participant disengagement. These tasks might help to offset the emotional load of their workplace. Studies showing that withdrawal behaviours are often caused by job demands and discontent support this finding (Asim , Liu, Ghani, Nadeem, & Xu, 2024). Among the looked at actions, theft and sabotage got the lowest average score percentages. This suggests that while more complex sorts of deviance are common, direct financial or physical harm to the organization is quite rare among nurses. Though there are other deviant actions, the lower incidence of theft and sabotage might suggest some professional integrity among nursing staff members. One must realize that even little kinds of deviance might accumulate and cause major problems for organizations over time (Wójcik , Wontorczyk, & Barańska, 2022).

The findings show that almost fifty percent of the nurses studied exhibit significant organizational deviance; one-third indicate mild levels. This suggests that a significant proportion of nurses operate contrary to organizational norms, which might influence patient care, workplace dynamics, and general organizational performance. Such behavior could sometimes be a normal response to job stress, including feelings of ostracism. This is in line with Risgiyanti , Suyono, Harmadi, and Istiqomah, (2023) who found that some nurses experience moderate levels of deviance, maybe in reaction to perceived ostracism or lack of workplace support. The study suggests that feelings of isolation caused by professional ostracism might drive individuals to engage in deviant conduct as a coping mechanism.

The findings also show that one-third of nurses show slight levels of organizational deviance. This might indicate a segment of the labor that is either more involved or less affected by workplace stress. Emphasizing the need of social support in reducing the effects of professional ostracism.(Xia , Wang, Song, Zhang, & Qian, 2019) show that nurses who feel support from managers and peers are less likely to show deviant conduct .

On the other hand, the fifth of nurses showing significant degrees of organisational deviance causes worry about the possible effect on team relationships and patient care. Higher degrees of deviance might lead to a negative work atmosphere characterized by more conflict, less collaboration, and finally worse patient outcomes. Elliethey , Hashish, and Elbassal (2024) investigate how workplace deviance negatively affects nursing staff members' communication and cooperation, hence impairing their ability to provide high-quality patient care.

The findings on occupational ostracism among nurses show a complex understanding of its consequences, especially when one separates the sense of ostracism from its actual outcomes. The average score on the Perception of Workplace Ostracism indicates that nurses usually go through a moderate level of ostracism. The Personal Impact of Ostracism, however, shows that the emotional and psychological effects are far more severe. This is supported by Gamian-Wilk and Madeja-Bię (2021), who found that workplace ostracism might lead to negative emotional effects such as lower mood and self-esteem as well as unfulfilled basic psychological needs. Ostracism's emotional toll might be more harmful than that of overt bullying, largely because of the uncertainty linked with ostracism, which usually aggravates its effects .

According to Liu , Kwan, Lee, and Hui (2013) the consequences of workplace ostracism go beyond the professional sphere and affect family satisfaction and overall well-being. This matches the higher average proportion of personal impact seen in the current results. Moreover, according to resource theory, individuals strive to acquire and keep resources like emotional support and social connections . This is consistent with Xia et al. (2019) who claim that the personal consequences of ostracism are much higher than

the awareness of it, implying that the emotional consequences are more prominent than the acknowledgment of being ostracized. Ostracism may cause nurses to lose important resources, which might lead to emotional exhaustion and worse job performance.

Moreover, our findings support Dash , Farooq, and Upadhyay (2022) who found that while Nurse s may experience ostracism at a low level, the personal consequences might cause negative actions such knowledge hoarding, hence compromising organizational performance. Emphasizing its position as an interpersonal stressor that might have many negative effects including anxiety and depression, a meta-analysis research shows the psychological health repercussions of workplace ostracism (Bedi, 2019).

The study findings show that many nurses suffer workplace ostracism, hence highlighting a major problem in the healthcare sector. While one-third reported higher levels, less than fifty percent of the polled nurses reported moderate degrees of ostracism. Several nursing professionals' feelings of marginalization or neglect in their work settings might cause this situation, which could have major effects on their mental health, job satisfaction, and general workplace dynamics. The study findings on nurse workplace ostracism is moderate to high degrees of ostracism experienced by nurses, according to Manninen , Koponen, Sinervo, and Laulainen, (2023) might lead to a decline in their overall well-being and job performance.

There is a strong positive relation between workplace ostracism and organizational deviance. This suggests that rising degrees of workplace ostracism among nurses correspond with a rise in organizational deviance. The conservation of resources hypothesis helps to explain this relation: it holds that people who perceive a loss of social resources such as support and inclusion may turn to deviant conduct to restore their feeling of control (Liu et al., 2024).

The higher correlation coefficient found in this study supports the theoretical paradigm by implying that emotional pain resulting from ostracism might drive nurses to engage in behaviors violating company policies. This finding is in line with Zhu and

Zhang (2021), who reported a significant relation between deviance behavior and workplace ostracism including feelings of anger and the tendency to quit. Their study shows that deviant conduct demonstrate ostracized people could in line with the relationship shown in the current study (Zhu & Zhang, 2021) as retribution or to express their discontent. According to Manninen et al. (2023), job happiness is greatly influenced by workplace ostracism, which might lead to nursing deviance behavior.

The scatter plot results of the linear regression analysis between total organizational deviance and total workplace ostracism show a strong predictive connection between both factors. This significant proportion suggests that, particularly in nursing settings, workplace ostracism strongly predicts deviant behaviour among Nurse s. According to Hussain and Sia (2017), power disparity within companies might exacerbate the effects of ostracism, hence increasing deviance. The strong positive relation shows that as workplace ostracism rises, so does organizational deviance. This finding fits Zhu and Zhang (2021), who found that Nurse s suffering ostracism are more likely to show deviant actions as a form of retribution or expression of unhappiness.

CONCLUSION

Based on the findings of the current study, it can be concluded that:

The findings of this study offer valuable insights into the intricate relationship between organizational deviance and total workplace ostracism among nurses. The half of nurses exhibit a moderate level of organizational deviance, with The Sarcasm domain has the highest mean percentage suggesting sarcasm is the most frequently reported form of deviant behavior and incivility or Rude Behavior follows closely with indicating moderate occurrences of workplace rudeness.

Regarding workplace ostracism, most nurses also reported moderate levels, with the personal impact of ostracism, shows a higher mean score and a mean percentage , suggesting that Nurse s experience a more significant personal impact from ostracism compared to their general perception of it in the workplace.

The study further revealed indicates a strong positive correlation between total organizational deviance and total workplace ostracism, suggesting that higher levels of workplace ostracism are significantly associated with increased organizational deviance. The findings highlight that workplace ostracism plays a critical role in shaping deviant behavior among nurses.

RECOMMENDATIONS:

Based on these findings, several recommendations are proposed:

1. Healthcare organizations should instruct nurse supervisors on how to identify and address exclusionary behaviors in clinical settings.
2. Regular team-building exercises should be used to improve interpersonal bonds and create a feeling of community among nursing staff.
3. Provide safe avenues for nurses to report instances of exclusion without worrying about reprisals.
4. Create mentoring programs that offer support systems and allow new nurses to join current teams.
5. Establish and implement unambiguous regulations that specifically address ostracism in the workplace and spell out penalties for actions that exclude others.
6. Future studies should examine certain intervention techniques, how well they work to lessen workplace exclusion, and the ripple impact they have on organizational results and the quality of patient care.

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عدم الانضباط التنظيمي وعلاقته بالنبذ في مكان العمل بين الممرضين

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الخلاصة

الخلفية: النبذ في مكان العمل هو شكل رقيق ولكنه مؤثر من المعاملة السيئة بين الأفراد، وقد يسهم في عدم الانضباط التنظيمي، خاصة في الأوساط الصحية حيث يعتبر العمل الجماعي أساسياً. **الهدف:** تهدف الدراسة إلى التحقيق في العلاقة بين عدم الانضباط التنظيمي وعلاقته بالنبذ في مكان العمل بين الممرضين. **التصميم:** تم استخدام تصميم بحث وصفي. **المكان:** أجريت الدراسة في مستشفى السلام، مستشفى الزهور، ومستشفى الحياة، جميعها تابعة للهيئة المصرية للرعاية الصحية في محافظة بورسعيد، مصر. **العينة:** شملت الدراسة 262 ممرضاً. **الأدوات:** تم جمع البيانات باستخدام مقياس عدم الانضباط التنظيمي ومقياس النبذ في مكان العمل. **النتائج:** أظهرت النتائج أن ما يقرب من نصف الممرضين (49.5%) أظهروا مستوى معتدلة من عدم الانضباط التنظيمي في مكان العمل، بينما يُظهر 33.6% مستوى منخفضة، ويُظهر 16.9% مستوى مرتفعة عدم الانضباط التنظيمي. وفيما يتعلق بالنبذ في مكان العمل، أفادت نسبة 42.33% من الممرضين مستويات معتدلة من النبذ في مكان العمل بينما 34.73% أفادة مستويات مرتفعة، بينما 22.94% اشارت الى مستويات منخفضة. **الخلاصة:** تُشير هذه النتائج إلى وجود علاقة إيجابية قوية بين عدم الانضباط التنظيمي والنبذ في مكان العمل. **التوصيات:** بناءً على هذه النتائج، يوصى بأن يتم تهيئة بيئات عمل شاملة للتخفيف من السلوكيات التنظيمية السلبية بين العاملين في مجال التمريض.

الكلمات المرشدة: الممرضين، النبذ في مكان العمل، الانحراف التنظيمي