

Relationship between Nurses' Workplace Ostracism, Harmony and Compassionate Goal at Main Mansoura University Hospital



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1.ABSTRACT

Background: Nursing has a reputation for being a predominantly stressful profession. Ostracism, which is a form of mistreatment in the nursing workplace, is neglected in the nursing profession although it can affect the quality of healthcare services. **Aim:** This study aims to assess the relationship between nurses' workplace ostracism, harmony and compassionate goal at Main Mansoura University Hospital. **Research design:** A descriptive correlational research design was used. **Methods:** A convenience sample consisted of 101 staff nurses were enrolled in the study. Data were collected by using three tools namely workplace ostracism, harmony and compassionate goal scale. **Results:** The study finding revealed that all of staff nurses were low level regarding workplace ostracism, while more than three quarter of them have high level of harmony and majority of them have a satisfactory level regarding compassionate goal. As well, there was a highly significant relation between workplace ostracism and harmony and a highly significant relation between harmony and compassionate goal.

Conclusion: There was a highly significant relation between workplace ostracism and harmony and a highly significant relation between harmony and compassionate goal. **Recommendation:** Health care organizations must always look for novel approaches to detect the presence of workplace ostracism and investigate its causes, such as work overload, bad role models, or communication styles. As well, encourage nurses to socialize with one another frequently and provide them with opportunity to do so.

Keywords: Compassionate Goal, Harmony, Ostracism, Workplace.

2.Introduction:

As a significant social setting, public hospitals provide nurses with an important social atmosphere where they can interact with one another. Given how much time nurses spend together at work, it is obvious how vital social relations are to them. Despite their many benefits, the outcomes of interpersonal interactions at the workplace are not always positive because some organizational members are intentionally kept in isolation⁽¹⁾. This phenomenon is called ostracism. Ostracism is a prevalent phenomenon amongst nursing professionals in public sector hospitals who always need quality interaction to perform their jobs effectively⁽²⁾.

Ostracism is a part of human life as it is a common phenomenon that individuals can experience^(3,4). Ostracism means being excluded and ignored by others⁽⁵⁾. When nurses face ostracism, they might sense emotional and physical exhaustion, excessive fatigue, reduced energy levels as well feeling too exhausted of emotional resources to deal

with continuing demands of giving excellent patient care⁽⁶⁾.

Isolation, segregation, leaving the room upon another person's entry, neglecting to make eye contact, failing to respond to a coworker's greetings, and moving someone to a remote location are all examples of workplace ostracism (WPO)^(7,8). Because people occasionally overlook others when they are too preoccupied with their own task, which might result in accidentally disregarding people and their answers, ostracism may not necessarily be intentional or punishable⁽⁹⁾. Additionally, WPO can be non-purposeful and happen when people act in ways that socially exclude others without being aware of doing so⁽¹⁰⁾.

WPO has shown to be a predictor of emotional and behavioral related outcomes in work settings. As a workplace mistreatment variable, ostracism is influenced by how employees value work relationships⁽¹¹⁾. One could argue that a harmonious relationship can

exist only when there are no forms of mistreatment (e.g., ostracism). Workplace conflict is a social stressor that has been studied with harmony and how it is valued by individuals. Individual value of harmony may influence how employees respond in conflict situations ⁽¹²⁾.

Harmony is essentially a sense of balance or equilibrium which could lead to such values as, "exchange of favours, a focus on the group, friendly with others, humility, and non-competitiveness" ⁽¹³⁾. Harmony affects how individuals react and feel when ostracized in the workplace. Harmony can be divided into two subtypes of harmony. Harmony enhancement is designed to create mutually beneficial solutions to disharmony in a direct, open forum while disintegration avoidance is characterized as avoiding conflict or giving in to the wishes of others in order to maintain a sense of harmony ⁽¹⁴⁾.

Maintaining or establishing harmony is the end result for both types of harmony, but the means to attaining harmony is different. A high value place on harmony enhancement is less likely to provide an environment that encourages mistreatment or ostracism because it focuses on maintaining and establishing honest relationships ⁽¹⁵⁾. As a result, conflict and workplace mistreatment are less likely to occur when issues are dealt with quickly and openly. Therefore, the high harmony enhancement environments, the less likelihood for workplace ostracism to exist or thrive ⁽¹⁶⁾.

Similar to interpersonal conflict, WPO may also be affected depending on the way in which individuals endorse harmonious interpersonal relationships. While ostracism in the workplace may occur for many reasons, harmony (or the lack of harmony) could create an environment where ostracism or other forms of mistreatment are more or less likely to occur ⁽¹⁷⁾.

If nurses are unable to deal with WPO in time, WPO will lead to negative work outcomes such as poor performance, low engagement and organizational commitment, and high turnover and absence ⁽¹⁸⁾. Although ostracized nurses will feel the social pain, they must behave consistently with social norms

and organizational expectations. Thus, they may use emotion regulation strategies to adjust their emotion and behavior. In fact, employees also need to manage their emotional expressions when they are interacting with internal parties such as leaders, coworkers, and subordinates ⁽¹⁹⁾.

One of emotion regulation strategies that nurses can use to cope with WPO is compassionate goals. Nurses high in compassionate goals focus on supporting others and caring for others' well-being, rather than trying to obtain something for themselves ⁽²⁰⁾. Compassionate goals are energized by the ecosystem, in which nurses believe their desires and wants belong to a larger system of mutually connected people, and their well-being relies on the well-being of others and the whole system ⁽²¹⁾.

Nurses who strive for compassion are more likely to practice self-compassion to deal with rejection from others and maintain higher levels of interpersonal and intrapersonal wellbeing. It has frequently been stated that the pursuit of compassionate goals, which entails concentrating on and attending to other people's needs, is a defining quality of an interdependent self that places a higher value on harmonious relationships than individual success ⁽²²⁾.

2.1 Significant of the study

Nursing is one of the healthcare professions that is most well-known as a stressful profession ⁽²³⁾. A constant stream of emotionally charged and difficult situations is presented to nurses. They are required to give attentive, sensitive care, frequently under challenging circumstances ⁽²⁴⁾. Ostracism is a common phenomenon that nurses can encounter as a part of everyday life. If nurses are unable to deal with WPO in time, it will lead to poor performance low engagement and organizational commitment, and high turnover and absence which in turn affect quality of patient care ⁽¹⁸⁾.

WPO may be affected by the way in which individuals endorse harmonious interpersonal relationships. Ostracism in the workplace may occur for many reasons;

harmony (or the lack of harmony) could create an environment where ostracism or other forms of mistreatment are more or less likely to occur ⁽¹⁷⁾. Nurses need to use emotion regulation strategies to adjust their emotion and behavior as compassionate goals that help nurses to deal with any form of ostracism in workplace. So, this study aims to assess relationship between nurses' workplace ostracism, harmony and compassionate goals.

2.2 Aim of the study

This study aims to assess the relationship between nurses' workplace ostracism, harmony and compassionate goal at Mansoura University Hospital.

2.3 Research questions: -

Q1: What is the level of nurses' perception about work place ostracism?

Q2: What is the level of nurses' perception about harmony?

Q3: What is the level of nurses' perception about compassionate goal?

Q4: Is there a relationship between nurses' workplace ostracism, harmony and compassionate goal?

3. Method

3.1 Research design:

Descriptive correlational research design was used to carry out this study.

3.2 The study setting :

The present study was conducted at Main Mansoura University Hospital that provides a wide spectrum of health service at Delta Region. Main Mansoura University Hospital occupied with 1860 beds and it consists of many building.

3.3 Participants of the study:

Convenience sample from staff nurses (101) working at Main Mansoura University Hospital.

3.4 Tools of data collection- :

Three tools were used for data collection, namely: Workplace Ostracism, Harmony and Compassionate goal scale.

Tool I: Workplace Ostracism Scale: The scale consists of two parts as follows:

Part I: Personal characteristics of staff nurses: It covered items as age, educational qualification, experience years and attending training courses about information technology.

Part II: Workplace Ostracism Scale:

This scale was developed by ⁽²⁵⁾. This tool aimed to assess ostracism in workplace. It consisted of (10) items. Their responses were on a 7-point scale where 1=Never and 7=Always.

Scoring system:

The total scores on the scale ranged from (10-70). It was categorized into three levels based on cut of point 50% as:

-Low (<50%)

-Moderate (50%-75%)

-High (>75%)

Tool II: Harmony scale: This scale was developed by ⁽²⁶⁾. This scale aimed to measure harmony enhancement and disintegration avoidance. It consisted of (21) items. This scale is separated into two separate subscales: Harmony enhancement has 13 items and disintegration avoidance has 8 items. Their responses were on a 5-point scale where 1=Strongly Disagree and 5=Strongly Agree.

Scoring system:

The total scores on the scale ranged from (21-105). It was categorized into three levels based on cut of point 50% as:

-Low (<50%)

-Moderate (50%-75%)

-High (>75%)

Tool III: Compassionate goals scale: This scale was developed by ⁽²⁷⁾ and adapted by the researchers. This scale aimed to assess compassionate goal. It consisted of (8) items. Their responses were on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Scoring system:

The total scores on the scale ranged from (8-40). It was categorized as:

- Unsatisfactory ($\leq 60\%$)

- Satisfactory ($>60\%$)

3.5 Validity and reliability:

Tools of data collection were translated into Arabic, face and content validity verified via five experts in the field of education in the administration department who examined the tools for clarity, understanding, completeness, relevance, simplicity of implementation, and applicability; changes were made in response to their recommendations. Cronbach alpha test in Statistical Package for Social Science (SPSS) version 22 was used to assess reliability of the study tools. Cronbach's Alpha was (0.89-0.855-0.894) for workplace ostracism, harmony and compassionate goal scale respectively.

3.6 Pilot study:

It was carried on randomly selected (10%) of staff nurses (10) to test the clarity, feasibility of the questions and the time needed to fill-in questions is from 20-30 minutes. The whole study sample did not include those who took part in the pilot study. Based on the results of the pilot study, the necessary adjustment was made by rephrasing and clarifying.

3.7 Data collection:

The questionnaire was handled and filled by the staff nurses to elicit their opinion. Collecting data from staff nurses by explaining to each nurse the aim of the study and take his or her acceptance. Filling the questionnaire sheet took from 20–30 minutes. The questionnaire sheet was given to participants and returned to the researchers once it had been filled out. From the beginning of May until the end of July 2022, the actual fieldwork for this study was completed in 3 months.

3.8 Ethical consideration:

Ethical approval was attained from the Research Ethics Committee of the Faculty of Nursing – Mansoura University. A formal permission to conduct the study was attained from Main Mansoura University Hospital after explanation of the aim of the study. An informed consent was attained from the participants after providing them with complete information about the study. Participants were informed that participation in research is voluntary and they were capable

of withdraw from the study without responsibility at any phase. The collected data confidentiality was maintained as well the study sample privacy was guaranteed.

3.9 Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 21, SPSS Inc. Chicago, IL, USA). The normality assumption was accepted. Therefore categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. ANOVA-test was used to test the difference between more than two means of continuous variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Statistically significant was considered as (p-value \leq 0.05 & 0.01).

4 Results:

Table (1) Illustrated personal characteristics of the studied staff nurses. According to the table, a total studied staff nurse was 101. This table showed that less than half of staff nurses (44.6%) aged from 20-30 years. More than half of them (68.3%) have technical degree. Concerning experience years, a percentage of (44.6%) have experience of (1-5) years while (43.6%) of them have (>10) years.

Table (2) Illustrated descriptive statistics of workplace ostracism, harmony and compassionate goal among the studied staff nurses. According to the table, workplace ostracism Mean \pm SD was low. As regard harmony, harmony enhancement Mean \pm SD was higher than harmony enhancement. Concerning compassionate goal, the studied staff nurses Mean \pm SD was (34.47 \pm 6.21).

Table (3) Illustrated levels of workplace ostracism, harmony and compassionate goal among the studied staff nurses. According to the table, all of staff nurses (100.0%) were low level regarding workplace ostracism, while (76.2%) of them have high level of harmony and majority of them (96.0%) have a satisfactory level regarding compassionate goal.

Figure (1) Illustrated harmony levels among the studied staff nurses. According to the table, more than three quarter of staff nurses (76.2%) were high level regarding harmony, while (23.8%) of them have moderate level of harmony.

Figure (2) Illustrated compassionate goal levels among the studied staff nurses. According to the table, majority of staff nurses (96.0%) of them have a satisfactory level regarding compassionate goal, while (4.0%) of

them have unsatisfactory level regarding compassionate goal.

Table (4) Illustrated relationships between workplace ostracism, harmony and compassionate goal as perceived by the studied staff nurses. This table revealed that there was a highly significant relation between workplace ostracism and harmony. As well, there was a highly significant relation between harmony and compassionate goal.

Table (1): Personal characteristics of the studied staff nurses (NO=101)

Characteristics	NO	%
Age years:		
▪ 20-30	45	44.6
▪ 31-40	32	31.7
▪ > 40	24	23.8
Mean±SD		
Level of education		
▪ Diploma degree	20	19.8
▪ Technical degree	69	68.3
▪ Bachelor degree	12	11.9
Experience years:		
▪ 1-5	45	44.6
▪ 6-10	12	11.9

Table (2) Descriptive statistics of workplace ostracism, harmony and compassionate goal among the studied staff nurses (No=101)

The study variables	No of items	Min - Max	Mean±SD
A. Workplace ostracism	10	10.0-32.0	13.96±5.38
B. Harmony	21	61.0-141.0	88.65±14.21
B1. Harmony enhancement	13	35.0-65.0	58.72±7.51
B2. Disintegration avoidance	8	20.0-76.0	29.93±9.48
C. Compassionate goal	8	8.0-40.0	34.47±6.21

Table (3) Levels of workplace ostracism, harmony and compassionate goal among the studied staff nurses (No=101)

The study variables	Levels of the study variables	Score	No	%
A. Workplace ostracism	▪ Low (<50%)	10.0-34.0	101	100.0
	▪ Moderate (50%-75%)	35.0-52.0	0	0.0
	▪ High (>75%)	53.0-70.0	0	0.0
B. Harmony	▪ Low (<50%)	21.0-52.0	0	0.0
	▪ Moderate (50%-75%)	53.0-78.0	24	23.8
	▪ High (>75%)	79.0-105.0	77	76.2
C. Compassionate goal	▪ Unsatisfactory (≤60%)	8.0-24.0	4	4.0
	▪ Satisfactory (>60%)	25.0-40.0	97	96.0

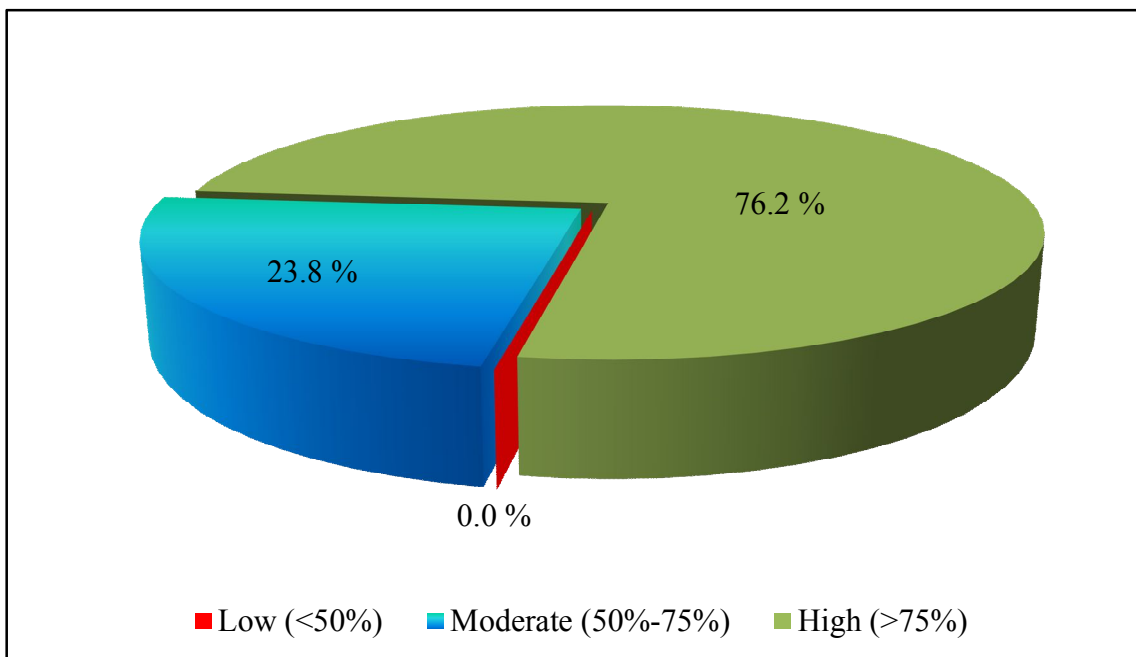


Figure (1) Harmony levels among the studied staff nurses (No=101)

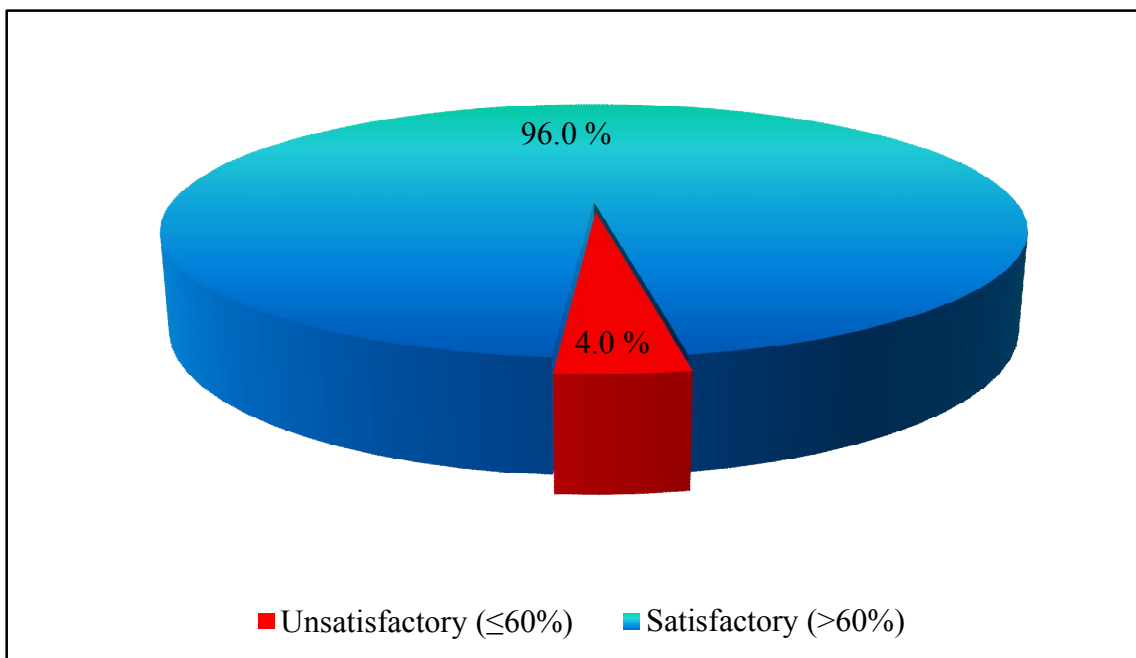


Figure (2) compassionate goal levels among the studied staff nurses (No=101)

Table (4): Relationships between workplace ostracism, harmony and compassionate goal as perceived by the studied staff nurses (No=101)

The study variables	Workplace ostracism		Harmony	
	r	p	r	p
Workplace ostracism	1		-0.37	0.000**
Harmony	-0.37	0.000**	1	
Compassionate goal	0.07	0.49	0.38	0.000**

** Highly statistically significant (p<0.01)

5. Discussion

People view WPO as a stressful circumstance that could be harmful to their wellbeing. It could encompass situations when someone's suggestion is disregarded in meetings, they aren't invited to lunch, or a coworker doesn't return their hello ⁽²⁸⁾. Harmony and compassionate goals can influence and buffer how individuals conserve and replenish resource after loss and can help with coping by decreasing the occurrence of perceived WPO ⁽²⁹⁾.

According to the findings of the study, all of staff nurses (100.0%) reported low level regarding WPO. This may be due to maintaining a friendly atmosphere that offers a sense of belonging to nurses, promoting a zero tolerance culture, the high awareness level of management regarding the wise handling of WPO and its sequences at study setting. It may be a result of the growth of nursing experience leading to decrease ostracism, and this in the same line with ⁽³⁰⁾ who reported that more than half of nurses had a low level of WPO. This was supported by ⁽³¹⁾ who revealed that more than half of nurses had low level of WPO.

This finding is matched with ⁽³²⁾ who stated that studied nurses have a low level of WPO. These findings are in the same line with ⁽³³⁾ who found that half of the studied nurses suffered from low WPO. The findings are similar to ⁽³⁴⁾ who reported that two-thirds of studied nurses had a moderate level of WPO and one fifth had low WPO. This is in contrast with ⁽³⁵⁾ who indicated that ostracism is mainly observed in healthcare organizations. Also, ⁽³¹⁾ found that the highest mean score of staff nurses' WPO dimensions was related to ostracism perception (15.65 ± 3.56). In the same parallel, ⁽²⁾ stated that most of nurses (66%) in the USA have suffered from ostracism at the workplace. Researchers are paying more attention to the WPO phenomena since it negatively affects organizational outcomes as well as individual behavior and performance. Also, it's supported by ⁽³⁶⁾ who noted that a bad work environment fosters a culture of unfavorable social interactions, workplace bullying, and ostracism.

Concerning level of harmony of the studied sample, the findings revealed that most of them have high level of harmony. This may be owed to nurses are more proactive in interpersonal interactions through demonstrating, trust, maturity and capacity for forgiveness and interacts harmoniously in teams. This is supported by ⁽³⁷⁾ who revealed a high harmony enhancement motivation emphasizes the significance of encouraging collectivist ideals of interdependence and feelings of togetherness and trust in order to promote the use of integrating to engage in honest and productive discussion of conflicting viewpoints. Also, ⁽³⁸⁾ described genuine harmony as being viewed by others in a positive light and is achieved through trust and sincerity.

The finding is in contrast with ⁽³⁹⁾ who studied harmony in health sector in Nigeria and found low level of harmony and related this to healthcare professionals do not collaborate well together in Nigeria due to claims of superiority made by one healthcare expert over others,. This frequently leads to inter-professional conflict, which is threatening to split the healthcare sector and harm patients.

When coming to compassionate goal the finding of the study revealed that majority of them have a satisfactory level regarding compassionate goal. This may be due to appreciating interdependent relationship being supportive and avoiding self-centered preference to team and other preference. This is supported by ⁽⁴⁰⁾ who found that the total average score of compassion goal of nurses was high 96.37 ± 14.35 . In the same line, ⁽⁴¹⁾ stated that exhibiting high compassion that could be a crucial aspect of productivity in organizations. In this context, ⁽⁴²⁾ found that the level of compassion of the nurses was moderate.

Concerning relation between WPO and harmony of the studied sample, there was a highly significant relation. This may be due to ostracism is an act of omission and type of workplace mistreatment that is related to harmony such that the presence of conflict can

be a detractor to harmonious relationships. Enhancing positive and harmonious work environment with zero tolerance to ostracism leads to low level of it. This is in the same line with ⁽⁴³⁾ who revealed that nurses high in harmony enhancement would be less likely to experience depression after supervisor ostracism than nurses low in harmony enhancement.

In the same parallel, ⁽¹²⁾ argue that WPO predicts harmony motives. Harmony is fundamental and whether an individual adheres more to a harmony enhancement view to harmony or a disintegration avoidance view can predict the prevalence of ostracism in the workplace. Accordingly, ⁽⁴⁴⁾ found that nurses' harmony enhancement values buffered whereas nurses' disintegration avoidance value exacerbated the detrimental effect of supervisor ostracism on nurses depression as well job performance. In the same line, ⁽⁴⁵⁾ found that those nurses' harmony values buffered the relationship between coworker conflict and nurses' in-role performance, organizational citizenship behaviors, and counterproductive work behaviors as outcomes of ostracism. This was supported by ⁽⁴⁶⁾ who stated that WPO were stronger when harmony was low rather than high.

Regarding the relation between harmony and compassionate goal, there was a highly significant relation between harmony and compassionate goal. This may be due to compassion increases sense of others and supports positive relationship and interpersonal relation using constructive comments that leads to less ostracism and enhance harmonious work place. In the same direction, ⁽²⁰⁾ found that self-compassion enhances interpersonal harmony and functioning. It is associated with qualities like greater empathy, compassion, perspective-taking, and the ability to forgive others. This is similar to ⁽⁴⁷⁾ who stated that a harmonious compassionate milieu can increase in providing humanistic.

6. Conclusion

The findings of the present study concluded that all of staff nurses were low level regarding WPO, while more than three

quarter of them have high level of harmony and majority of them have a satisfactory level regarding compassionate goal. As well, there was a highly significant relation between WPO and harmony and a highly significant relation between harmony and compassionate goal.

7. Recommendation

Based on the findings of this study, the following recommendations are suggested:

- Health care organizations must always look for novel approaches to detect the presence of WPO and investigate its causes, such as work overload, bad role models, or communication styles.
- Design a distinct system of acceptable rewards for exhibiting helpful actions, and consider reasonable measures to lessen inevitable exposure to others' ostracizing behaviours.
- Provide training programs for supervisors that aid their supportive skills such as open-door strategies, high involvement work practices, mentoring and emotional suppression.
- Providing nurses with the essential means, techniques, and tools to report instances of hidden mistreatment.
- Evaluations of performance must take into account expectations for collaboration, knowledge sharing, and teamwork.
- Encourage nurses to socialize with one another frequently and provide them with opportunity to do so.
- Duplicate this study in more than one hospital in different regions of Egypt using larger samples size to generalize the findings.

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