Workplace Ostracism and Its Relationship with Job Performance and Work Alienation among Staff Nurses

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Abstract

Background: Staff nurses play a vital role in delivering continuous, safe, high-quality and effective healthcare services, which are in fact hampered by unfavorable interpersonal experiences like ostracism and the associated alienation at work. **Aim:** To examine the workplace ostracism and its relationship with job performance and work alienation among staff nurses. **Research design:** A descriptive, correlational research design was utilized. **Setting:** This study was conducted at Itay El-Baroud General Hospital. **Subjects:** 303 randomly selected staff nurses. **Tools:** Three tools were used: **Tool I:** Workplace Ostracism Questionnaire; **Tool II:** Observed Nursing Job Performance Scale; and **Tool III:** Work Alienation Questionnaire. **Results:** Current study illustrated that 38.6% of staff nurses had moderate level of workplace ostracism; 77.2% of them had low level of job performance; and more than half of them (55.4%) had moderate level of work alienation. **Conclusion:** There was a statistically significant negative correlation between total workplace ostracism and job performance among staff nurses; and there was a highly statistically significant positive correlation between total workplace ostracism and work alienation. **Recommendations:** Healthcare organizations should promote staff nurses' participation in workshops focused on fostering healthy interpersonal relationships and strengthening mutual respect, clear expectations and trust among staff nurses and their colleagues.

Keywords: Job performance, Staff nurses, Work alienation & Workplace ostracism

Introduction

In the healthcare sector, staff nurses are crucial in delivering high quality services to the patients as they have constant and direct contact with them; monitor their progress; and are liaison between patients and other healthcare team members. The outcomes of staff nurses' interactions with their colleagues at the workplace have negative impact as well as positive one. Workplace ostracism is one phenomenon that observed in nursing profession especially among staff nurses due to long working hours, aggressive behaviors, heavy workload, time wasters, role ambiguity and colleagues conflict **(Qi et al., 2020).** According to **Attaullah & Afsar, (2021)**, workplace ostracism is defined as the degree to which staff nurses feel they are rejected, disregarded and ostracized by others, which affects their work success and interpersonal relationships. Therefore, when staff nurses have been ostracized and ignored by their colleagues, they feel dejection, unworthiness, helplessness and alienation, which ultimately lead to poor job performance **(Shafique et al., 2020)**.

Workplace ostracism is considered as one type of counterproductive work behavior due to its negative effect on the achievement of organizational goals **(Li et al., 2020)**. Moreover, excluding staff nurses from the workplace can result in increasing their absenteeism and turnover, decreasing their commitment to the organization and job engagement, hindering their satisfaction at work, lowering the quality of patient care and practicing deviant behavior **(Li et al., 2021).** In addition, it has adverse impact on staff nurses' sense of belonging, self-control and self-esteem **(Yang & Tan, 2023).** Moreover, it is one form of passive mistreatment among staff nurses that generates negative emotions, attitudes and behaviors; and decreases the capabilities to create and sustain strong interpersonal relationships with others, good reputation at workplace and job-related progress and success **(Elhanafy & Ebrahim, 2022; Ibrahim & Olaleye, 2024).**

Workplace ostracism classified into two main dimensions, namely: ostracism perception, which involves how staff nurses perceive and identify ostracism at workplace; and personal effect of ostracism that refers to negative consequences of ostracism on attitude and behaviors of staff nurses **(Ferris et al., 2008; Kamboj & Garg, 2022;**

Manninen et al., 2023). The behaviors of workplace ostracism involve exclusion from the team work, snubbing, treating with cold feeling, avoiding eye contact, ignoring and complete rejection **(El gendy et al., 2023).** In addition, it include initiating meeting without the presence of staff nurses who have been ostracized; ignoring their comments and participation; and omitting their important messages **(De Clercq et al., 2019).**

Consequently, ostracism at work promotes the growth of deviant behaviors including social disengagement and incompatibility; diminishes staff nurses' confidence in their personal abilities; and decreases their motivation to meet job requirements **(Abubakar et al., 2019; Ebrahimi et al., 2020; Sarwar et al., 2022).** Furthermore, staff nurses who experienced workplace ostracism feel emotional exhaustion, powerlessness and loneliness at their workplace and exhibit physical and psychological incompetency which in turn affect their job performance **(Uslu, 2021).**

Job performance involves the actual manner of implementing job related tasks to meet job demands according to organizational standards and criteria. It is an indicator of organizational success that confirms what was done, how it was done and what is the job based knowledge and skills that used to achieve the assigned job **(Ahmed et al., 2018).** Furthermore, staff nurses' job performance is identified as providing nursing care services to the patients based on the criteria of nursing professionalism **(Cho & Kim, 2022).**

Staff nurses represent the largest component of medical workforce and they are in the front line of contact with the patients. Therefore, the quality of healthcare services are intensely depends on their job performance **(Atta et al., 2019).** High level of staff nurses' job performance reinforce their ability to update their knowledge and skills; emerge new methods of providing nursing care in the line of evidence based practices; and implement new work methodologies **(Bajrami et al., 2021).** Hence, it maintain patients safety, increase patient satisfaction, promote the performance and productivity of overall healthcare system and minimize healthcare cost through decreasing the length of patients stay **(Al Badi et al., 2023).**

Nursing job performance includes: job performance competency, which involves the abilities, skills and knowledge that are needed for staff nurses to perform their responsibilities effectively; job performance attitude that refers to how staff nurses perceive the positive effect of high performance nursing care; willingness to improve work level that means staff nurses' readiness to update their practices; and finally, application of nursing process, which is the core of

nursing professionalism **(Bayarsaikhan & Shin, 2023).** On the other hand, poor job performance results in frustration and staff nurses' feeling that they are isolated and alienated from their jobs **(Amarat et al., 2019; De Clercq et al., 2019).**

In nursing, work alienation means the psychological disconnection that staff nurses may experience at their work, which involves isolation; lack of control and power; and loss of meaning in their work activities. This phenomenon is deeply relevant to physical and emotional demands of the nursing profession **(Alfuqaha et al., 2023).** It is characterized by loss of care, interest and attachment to the work, as well as a diminished ability to express oneself. Additionally, due of excessive workload, high danger of infection and ongoing high levels of stress, staff nurses are more likely to feel alienated **(Abd-Elrhaman et al., 2020).**

Moreover, the consequences of work alienation are identified at both individual and organizational levels, which includes lack of motivation; and increase absenteeism, opposing behaviors, burnout and turnover intention. In addition, it negatively affect staff nurses' attitudes and behaviors toward job and organization as job participation, job satisfaction, task performance, work engagement, professional nursing development, willingness to learn, organizational commitment, organizational citizenship behavior and organizational identity **(You et al., 2022).**

Work alienation has three dimensions namely: powerlessness, which refers to the absence of independence that involves restricted freedom for staff nurses to control their work activities; meaninglessness that refers to the absence of compatibility between the requirements of the work role and staff nurses' beliefs, values and behaviors; and finally, self-estrangement that prevents them from using their jobs as a platform to fulfill their potential and instead makes them a way of meeting only external requirements like rewards **(Amarat et al., 2019; Durrah, 2020; Özer et al., 2019).**

Significance of the study

In public sector hospitals, work environment is intense depended on social interactions, team work and communication between staff nurses as front line of contact with patients and healthcare providers. these interactions have negative as well as positive consequences. One of these negative consequences is workplace ostracism. It has been shown to be a common occurrence among staff nurses, particularly those who depend on excellent interactions to carry out their duties efficiently **(Ali & Johl, 2020).** Accordingly, staff nurses who experience ostracism from their peers begin to feel hopeless, unworthy, and depressed, which eventually results in alienation at

work **(Basuny et al., 2024).** In addition, workplace ostracism can harm staff nurses' readiness to change by eroding their feeling of belonging to the organization and nursing profession which impacts their performance at the job **(Pasamehmetoglu et al., 2022; Patwary et al., 2024)**. Hence, the researchers conducted this study to examine the workplace ostracism and its relationship with job performance and work alienation among staff nurses.

Aim of the study:

The study aim was to examine the workplace ostracism and its relationship with job performance and work alienation among staff nurses.

Research questions:

Q1: What are the levels of workplace ostracism, job performance and work alienation among staff nurses?

Q2: What is the relationship between workplace ostracism, job performance and work alienation among staff nurses?

Q3: What are the workplace ostracism predictors among staff nurses?

Subjects and Methods

Research design:

A descriptive, correlational research design was used for achieving the research aim and answering research questions.

Setting:

This study was conducted at Itay El-Baroud General Hospital, which affiliated to the Ministry of Health and Population, with bed capacity 220 beds. This hospital is one of the largest hospital at El-Beheira Governorate. Data was collected from all inpatient care units, including Medical and Surgical units, as well as Intensive Care Units (ICUs) and Emergency units (n=20). Medical units (n=10), as follows: General Medical (Male and Female), Pediatric, Obstetric, Poison, Dialysis (A and B), Neurological, Fever and Orthopedic units. Surgical units (n=4), namely: General Surgical (Male and Female), General Operation and Emergency Operation units. ICUs and emergency units (n=6), as: General (A and B), Pediatric, Neonatal, Coronary Care and Emergency units.

Subjects:

The study subjects included **303 staff nurses**, who were randomly selected from the aforementioned setting. Eligible participants met the following criteria: they were actively working during the data collection period, had at least one year of experience and were willing to participate in the study. Sample size: To ensure a representative sample for accurate and reliable findings, the sample size was calculated using the EpiInfo 7 software, based on the following parameters: Total population size: 1160 staff nurses,

prevalence: 50%, confidence level: 95% and margin of error: 5%.

Tools of the study

Three tools were utilized in this study

Tool I: Part A: Participants' demographic data sheet:
It was developed by the researchers. It included data such as; gender, age, educational qualification, years of nursing experience, working unit and exposure to ostracism at work.

Tool I: Part B: Workplace Ostracism Questionnaire:
It was developed by the researchers based on **Ferris, et al., (2008); Kamboj & Garg, (2022); Manninen, et al., (2023)** to assess workplace ostracism level among staff nurses. It composed of 17 items grouped into two main dimensions, as follows: ostracism perception (8 items), such as: others refused to talk to me at work; and personal effect of ostracism (9 items), such as: I involuntarily set alone.

Scoring system:

The participants' responses were assessed using a 3-point Likert scale, where 1 = Strongly Disagree, 2 = Neutral and 3 = Strongly Agree. The total scores ranged from 17 to 51. The scoring system was categorized as follows: low level of workplace ostracism <33.3%; moderate level of workplace ostracism 33.3% - 66.6%; and high level of workplace ostracism > 66.6%.

Tool II: Observed Nursing Job Performance Scale.
It was developed by **Ko, et al., (2007)** and adapted by **Bayarsaikhan & Shin, (2023)** to assess staff nurses' job performance level. It included 17 items grouped into four dimensions, namely: job performance competency (7 items); job performance attitude (4 items); willingness to improve work level (3 items); and finally, application of nursing process (3 items).

Scoring system:

Participants were observed using a 4-point Likert scale, where 1 = Poor, 2 = Fair, 3 = Good and 4 = Excellent. Scale total scores ranged from 17 to 68. The scoring system was categorized as follows: low job performance level of staff nurses <33.3%; moderate job performance level 33.3% - 66.6%; and high job performance level >66.6%.

Tool III: Work Alienation Questionnaire
It was developed by **Mottaz, (2005)** and adapted by **Sayu, (2014)** to assess work alienation among staff nurses. It composed of three dimensions with 19 items, as follows: powerlessness (4 items); meaninglessness (6 items); and self-estrangement (9 items).

Scoring system:

Participants' responses were scored using a 3-point Likert scale, where 1 = No, 2 = Sometimes and 3 = Yes. Additionally, powerlessness and

meaninglessness dimensions were reverse-scored for accurate interpretation. The questionnaire total scores ranged from 19 to 57. The scoring system was categorized as follows: low level of work alienation <33.3%; moderate level of work alienation 33.3% - 66.6%; and high level of work alienation >66.6%.

Validity
The study tools were translated into Arabic and presented in both languages to a five experts' panel in nursing administration to assess their content and face validity. The panel evaluated the relevance of each item to its corresponding dimension using a 3-point scale: 1 = irrelevant, 2 = relevant with minor revisions, 3 = relevant. The content validity indices for tools I, II and III were 0.95, 0.97 and 1, respectively, indicating that all three tools were highly valid. Face validity was assessed based on the experts' opinions regarding the overall appearance and appropriateness of the tools.

Pilot study
The pilot study was carried out by 30 participants, representing 10% of the total study sample, who were randomly selected from various departments within the mentioned setting. These participants were excluded from the main study. The pilot study was done to guarantee the study tools' feasibility, clarity and applicability; identify the potential challenges or issues during data collection; and estimate the time required to fulfil the tools.

Reliability
The Cronbach's alpha coefficient test was utilized to evaluate the internal consistency of the study tools. The results demonstrated high reliability for all three tools, as follows: Tool I workplace ostracism questionnaire $\alpha = 0.934$; tool II observed nursing job performance scale $\alpha = 0.973$; and tool III work alienation questionnaire $\alpha = 0.762$.

Fieldwork
Data collection was conducted over three months from December 2023 to February 2024. The researchers introduced themselves to the study participants in their respective work units; explained the purpose of the study; and obtained informed consent. The researchers observed staff nurses' job performance in their work settings using observed nursing job performance scale. Approximately 24-26 staff nurses were observed weekly. After the observation, the researchers distributed the workplace ostracism questionnaire and the work alienation questionnaire to the observed staff nurses. Each participant took approximately 15-20 minutes to complete the questionnaires. These questionnaires were completed in the researchers' presence to provide necessary instructions, ensure all items were addressed objectively and to confirm participants' responses were unbiased.

Ethical considerations
The Scientific Research Ethical Committee of the Faculty of Nursing at Damanhour University granted formal authority to carry out this study under approval number (85-a). Additionally, the authorities at the study setting formally authorized the researchers to proceed after confirming the study's objectives. Participation in the study was entirely voluntary; and informed consent was obtained from all participants after a detailed explanation of the study's nature and purpose. The confidentiality and privacy of the collected data were maintained where it was not be accessed by any one outside the study team. The participants' freedom to decline or leave the study at any time; and anonymity of all participants were ensured throughout the study to protect their identities and promote honest responses.

Statistical analysis
The collected data were revised, categorized, coded, computerized, tabulated and analyzed using the Statistical Package for Social Sciences (SPSS) version 25. The descriptive statistics included mean with standard deviation, minimum and maximum values and mean percent scores. Inferential statistics included correlation coefficient to identify relationships between variables; and linear regression analysis used to examine the relationship between independent and dependent variables. Results were considered significant at $P \leq 0.05$ and considered highly significant at $P \leq 0.01$. The reliability of the tools was determined by Cronbach's alpha coefficient test. Multivariate regression analysis was used to estimates a single regression model with more than one outcome variable.

Results

Table (1): Distribution of the study subjects according to their demographic characteristics (n=303)

Demographic characteristics	Study subjects (n=303)	
	No.	**%**
Working unit		
- Medical	46	15.2
- Surgical	21	6.9
- Intensive care units	236	77.9
Gender		
- Female	239	78.9
- Male	64	21.1
Age (years)		
- <25	120	39.6
- 25-<30	39	12.9
- 30-<35	89	29.4
- ≥35	55	18.1
Mean ±SD 31.73±5.98		
Educational qualification		
- Diploma of Secondary Technical Nursing School	52	17.2
- Diploma of Technical Nursing Institute	130	42.9
- Bachelor of Nursing Science	71	23.4
- Post Graduate Studies in Nursing	50	16.5
Years of nursing experience		
- <5	125	41.2
- 5-<10	61	20.1
- 10-<15	65	21.5
- ≥ 15	52	17.2
Mean ±SD 5.95±4.41		
Have you been exposed to ostracism at work		
- No	123	40.6
- Yes	180	59.4

Table (2): Mean scores of workplace ostracism among study subjects (n=303)

Workplace ostracism dimensions	Min	Max	Mean ± Standard Deviation (SD)	Mean Percent Score
Ostracism perception	8.0	24.0	14.38±4.98	59.9 %
Personal effect of ostracism	9.0	25.0	16.15±4.46	64.5 %
Total workplace ostracism	17.0	49.0	30.53±9.11	62.3 %

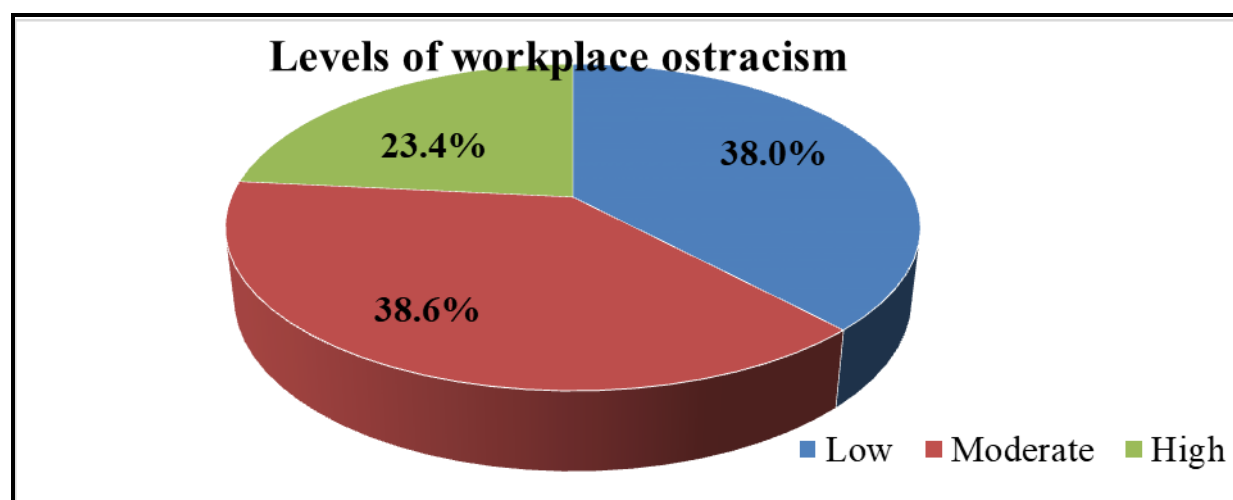*Low score <33.3%; moderate score 33.3% - 66.6%; high score > 66.6%*

Figure (1): Levels of workplace ostracism among study subjects (n=303)

Table (3): Mean scores of job performance among study subjects (n=303)

Job performance dimensions	Min	Max	Mean ± Standard Deviation (SD)	Mean Percent Score
Job performance competency	7.0	25.0	10.31±4.55	41.2 %
Job performance attitude	4.0	15.0	5.85±2.59	39.0 %
Willingness to improve work level	3.0	24.0	4.45±2.12	18.6 %
Application of nursing process	3.0	12.0	4.01±1.63	33.4 %
Total job performance	17.0	61.0	24.62±10.31	40.4 %

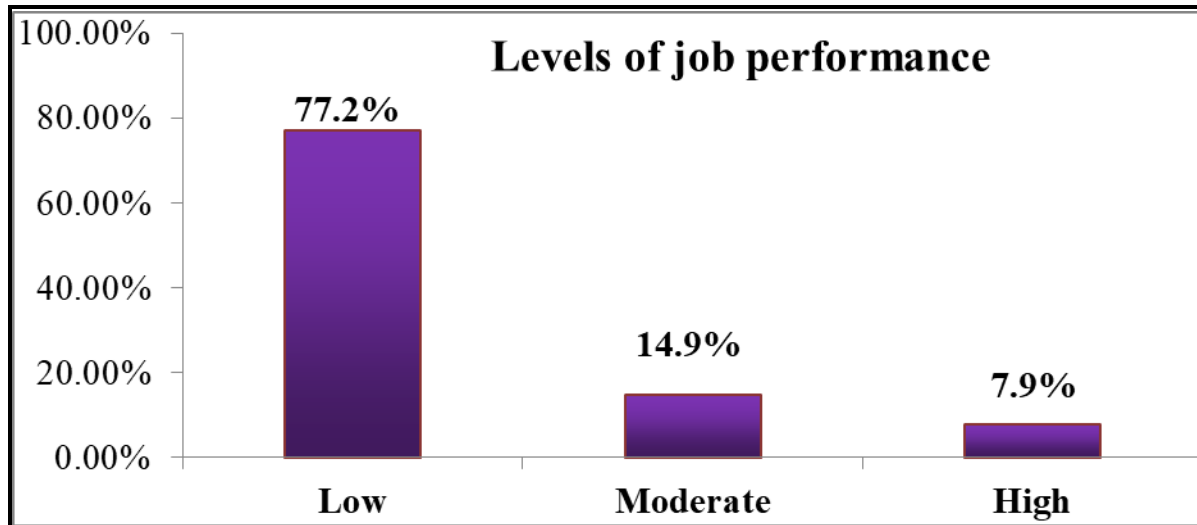*Low score <33.3%; moderate score 33.3% - 66.6%; high score > 66.6%*

Figure (2): Levels of job performance among study subjects (n=303)

Table (4): Mean scores of work alienation among study subjects (n=303)

Work alienation dimensions	Min	Max	Mean ± Standard Deviation (SD)	Mean Percent Score
Powerlessness	4.0	12.0	8.65±2.22	72.1%
Meaninglessness	6.0	18.0	12.57±2.73	69.8%
Self-estrangement	9.0	27.0	18.17±4.07	67.3%
Total work alienation	23.0	54.0	39.39±6.66	72.9%

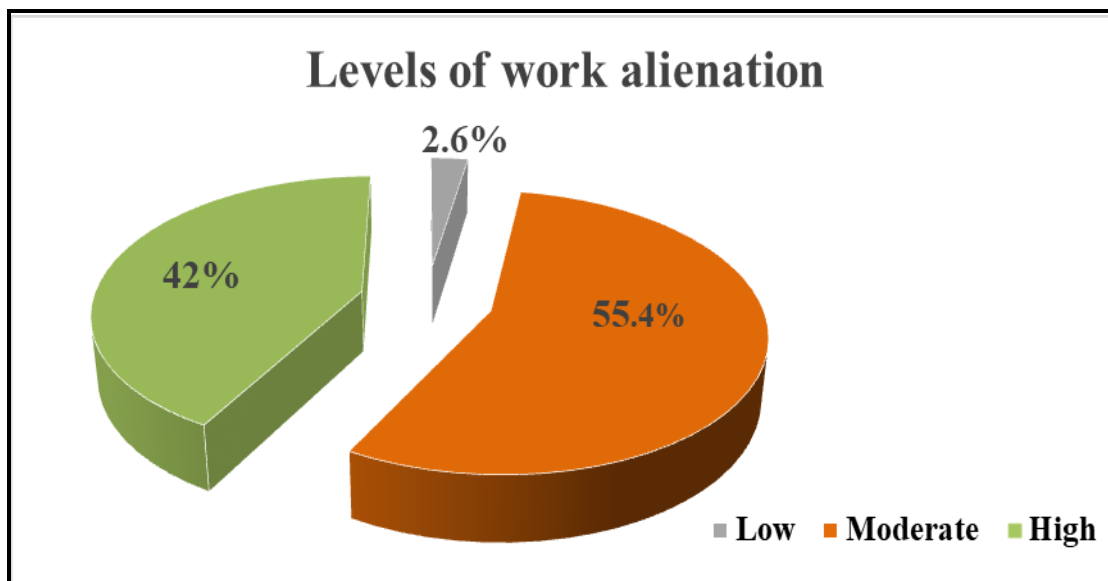*Low score <33.3%; moderate score 33.3% - 66.6%; high score > 66.6%*

Figure (3): Levels of work alienation among study subjects (n=303)

Table (5): Correlation matrix between total workplace ostracism, job performance and work alienation among study subjects (n=303)

Study variables		Workplace ostracism	Job performance	Work alienation
Workplace ostracism	r	1		
	p			
Job performance	r	-0.13	1	
	p	0.02*		
Work alienation	r	0.47	-0.07	1
	p	0.001*	0.2	

*Pearson Correlation   *Significant p-value≤0.05   **High significant p-value≤0.01*

Table (6): Multivariate regression analysis of workplace ostracism among study subjects (n=303)

Predictors of workplace ostracism	Unstandardized Coefficient	Standardized Coefficient	T	P
Gender	.703	1.111	.633	.527
Age	-.494	1.090	-.453	.651
Educational qualification	.946	.411	2.302	.022*
Years of nursing experience	.257	1.032	.249	.804
Job performance	.035	.044	.793	.428
Work alienation	.810	.064	12.677	.000*
ANOVA				
Model	df	F		P
R^2	3	124.482		.000*

a. Dependent variable: workplace ostracism
b. Predictors: gender, age, educational qualification, years of nursing experience, job performance and work alienation.
R^2: regression coefficient; T: t-test value; F: F-test (ANOVA); ANOVA: analysis of variance; df: degree of freedom.
   *Significant p-value≤0.05; **High significant p-value≤0.01

Table (1): Illustrates that 77.9% of staff nurses were working in intensive care units. Concerning gender, the highest percentage of them (78.9%) were females. The mean age of staff nurses was 31.73±5.98 years, with 39.6% aged less than 25 years. According to educational qualification, 42.9% of staff nurses held a diploma of technical nursing institute. Moreover, the mean years of nursing experience was 5.95±4.41 years, with 41.2% having less than five years of experience. Furthermore, this table indicates that above half of staff nurses (59.4%) reported being exposed to workplace ostracism.

Table (2): Indicates that the overall workplace ostracism had a moderate mean percent score (62.3%) with a total mean 30.53±9.11. Among the dimensions, the personal effect of ostracism scored the highest mean percentage at 64.5%.

Figure (1): Reveals that above one third of staff nurses (38.6%) have moderate level of workplace ostracism.

Table (3): Shows that the overall job performance had a moderate mean percent score (40.4%) with a total mean 24.62±10.31, while the job performance competency dimension was the highest mean percentage score at 41.2%.

Figure (2): Indicates that more than three quarters of staff nurses (77.2%) have low level of job performance.

Table (4): Portrays that the total work alienation got high mean percent score (72.9%) with a total mean 39.39±6.66, while the highest mean percent score (72.1%) was related to powerlessness dimension.

Figure (3): Shows that above half of staff nurses (55.4%) have moderate level of work alienation.

Table (5): Illustrates that there was a negative statistical significant correlation between total workplace ostracism and job performance (r = -0.13, p =0.02). While, there was a positive highly statistical significant correlation between total workplace ostracism and work alienation (r = 0.47, p =0.001).

Table (6): Displays that educational qualification and work alienation are significant predictors of workplace ostracism among staff nurses where p= 0.022 and 0.000, respectively. The overall significance of the model was high (F= 124.482; P= 0.000).

Discussion

Workplace ostracism is unpleasant and painful organizational experience that prevents staff nurses from satisfying their basic social requirements of meaningful existence, self-control, belonging and self-esteem. It has been observed in different situations, such as: avoiding to participate in activities with colleagues and purposefully stop talking with others at the workplace. The treatment of this phenomenon can be achieved through adjusting staff

nurses' attitudes and behaviors; and constructing healthy, productive and successful interpersonal interactions **(Shafique et al., 2020)**.

Regarding workplace ostracism, the findings of the current study revealed that total workplace ostracism, along with its two dimensions; ostracism perception and personal effect of ostracism had a moderate mean percent score. This could be attributed to factors, such as: increased patient needs, a nursing shortage and excessive workload on staff nurses which in turn make them to be immersed in the work related tasks, limiting opportunities for communication or building interpersonal relationships with their colleagues.

This result aligned with the findings of **Basuny et al., (2024)**, as reported a moderate mean percentage score for total workplace ostracism and its dimensions. Moreover, it goes in the same line with **Ebrahim & Eldeep, (2020)**, who found that approximately two thirds of the studied nurses experienced a moderate level of workplace ostracism. In contrast, this result differ from those of **Elhanafy & Ebrahim, (2022),** who mentioned that the majority of nursing staff experienced a low level of workplace ostracism, which they attributed to leaders' ability to foster strong relationships, interactions and cooperation among staff nurses. Additionally, **Chen & Li, (2019)** revealed that half of staff nurses experienced a low workplace ostracism level.

Concerning staff nurses' job performance, the findings of the current study indicated that the total job performance had a moderate mean percent score. This could be attributed to the exposure of staff nurses to work related stress that caused by several factors, including the critical conditions of patients, heavy workload, limited resources, lack of recognition from managers and administrators, poor communication and decision making processes and insufficient respect and cooperation from colleagues. Additionally, the high prevalence of workplace ostracism, experienced by more than half of the staff nurses, likely contributed to the moderate performance levels.

This result is consistent with the findings of **Abd Elnaby et al., (2023),** who revealed that the majority of nurses in their study achieved a moderate mean percent score of job performance. Furthermore, it is correspondent with **Al-Ajarmeh et al., (2022)**, who mentioned that working in a stressful environment negatively impacts staff nurses' performance. **Pourteimour et al., (2021)** also emphasized that heavy workloads reduce job satisfaction which in turn affects nursing staff' job performance and the quality of care they provide. In contrast, the results contradicted with those of **Bayarsaikhan & Shin, (2023),** who indicated that

the majority of nurses in their study exhibited high job performance levels.

Regarding work alienation among staff nurses, the study findings portrayed that the total work alienation got high mean percent score. This may be due to the staff nurses' inability to exercise independent judgment in their roles; a frequent perception that their participation and contributions at work are insignificant; and a lack of a sense of accomplishment in the nature of their work. Additionally, the lack of acknowledgment and consideration from managers further exacerbates feelings of alienation.

This result is consistent with **Alfuqaha et al., (2023)**, who presented that work alienation levels among the nurses studied were high. Similarly, **Mohamed et al., (2022)** found that nursing staff had significantly high perceptions of workplace alienation. In contrast, this result is inconsistent with **Özer et al., (2019),** who reported a moderate level of perceived workplace alienation among study subjects, which they attributed to feelings of helplessness and self-estrangement. Additionally, **Durrah, (2020); Badran & Khaled, (2021); You et al., (2022); Zhao et al., (2022)** documented moderate levels of work alienation among healthcare professionals.

The current study illustrated a statistically significant negative correlation between total workplace ostracism and job performance. This finding may be because of the fact that staff nurses who experience workplace exclusion often feel disregarded by their peers, with their ideas, opinions and suggestions being overlooked. This exclusion can erode their self-confidence and diminish their enthusiasm for fulfilling responsibilities and engaging in work-related activities, ultimately leading to poor job performance and a decline in the quality of care.

This finding is congruent with the results of **Ismail et al., (2024)**, who reported a negative statistically significant correlation between workplace ostracism and the quality of care. Similarly, **Bas & Şirin, (2023)** highlighted that higher levels of workplace ostracism are associated with lower job performance, often due to counterproductive behaviors such as work alienation. Furthermore, it goes in the same line with **El-Guindy et al., (2022)**, who found that workplace ostracism negatively impacts both job performance and the quality of care. Additionally, **Xia et al., (2019)** also confirmed a negative statistically significant correlation between workplace ostracism and work performance.

The results of the current study revealed a highly statistically significant positive correlation between total workplace ostracism and work alienation. This may be attributed to the assumption that when staff nurses are exposed to workplace ostracism, they experience reduced interpersonal trust, delayed

sharing or concealing of information and lack of social and emotional support in their job. These factors negatively impact their psychological well-being and job satisfaction, leading to feelings of loneliness, powerlessness and ultimately, alienation from their work.

This result aligned with those of **Manninen et al., (2023)**, who reported a direct correlation between workplace ostracism, job satisfaction and feelings of loneliness. Similarly, **Xia et al., (2022)** found that workplace incivility and ostracism were positively associated with work alienation among nurses. Additionally, **Abd-Elrhaman et al., (2020)**, identified a positive statistically significant correlation between deviant behaviors and work alienation. Furthermore, **Ebrahimi et al., (2020)** demonstrated statistically significant correlation between workplace ostracism and the physical and psychological well-being of study participants, as well as their employment status.

The present study indicated that work alienation was significant predictor of workplace ostracism among staff nurses. This may be explained by the fact that when staff nurses ostracized by their colleagues, they often experience feelings of unworthiness, powerlessness, hostility and unhappiness, which contribute to negative work behaviors. Workplace ostracism imposes a psychological burden, leading to emotional exhaustion and workplace tension. These pressures can disrupt their performance, create work conflicts, and ultimately result in work alienation.

This result is consistent with **Elliethey et al., (2024)**, who mentioned that work ostracism negatively affects staff nurses' attitudes, resulting in work alienation as a behavioral outcome. Similarty, **Deniz & Cimen, (2024)** identified work alienation as a significant predictor of workplace ostracism. Also, the study finding is supported with **Bas and Şirin, (2023); Shafique et al., (2020),** they revealed that ostracism is positively linked to deviant work behaviors of studied nurses. Moreover, it was found that workplace ostracism contributes to fifty percent of counterproductive work behaviors due to alienation.

Additionally, the current study result revealed that educational qualification was a significant predictor of workplace ostracism among staff nurses. Highly educated staff nurses, such as those with bachelor's or postgraduate degrees, experienced lower levels of workplace ostracism. This may be due to their enhanced educational preparation, including courses on interpersonal relationships and conflict resolution, which help them effectively manage stressful situations and reduce counterproductive behaviors.

This finding is consistent with **Ramadan et al., (2023)**, who reported a significant positive correlation between nurses' education levels and workplace

ostracism, with higher education correlating with lower ostracism. In the same line were **Ebrahimi et al., (2020)**, who found statistically significant relationships between ostracism and educational qualification, noting that bachelor's degree holders were less likely to experience workplace ostracism.

Conclusion
In the light of the study findings, it was concluded that there is a statistically significant negative correlation between total workplace ostracism and job performance among staff nurses. There is a highly statistically significant positive correlation between total workplace ostracism and work alienation. Moreover, the educational qualification and work alienation are significant predictors of workplace ostracism, highlighting the influence of both professional and psychological factors on their experiences of ostracism in the workplace.

Recommendations
In the light of the study findings, these recommendations are suggested:

For nursing administrators and managers:
- Encourage staff nurses to participate in workshops and training programs on building healthy interpersonal relationships and effective communication skills.
- Promote mutual respect, clear expectations and trust among staff nurses and their colleagues.
- Develop and implement policies and procedures aimed at reducing workplace ostracism and its negative effects on job performance.
- Establish a fair work environment by ensuring equal treatment and minimizing discrimination among staff nurses.
- Reduce work alienation by encouraging staff nurses to voice their opinions and actively participate in workplace decisions.
- Identify and address the underlying factors contributing to workplace ostracism and alienation.
- Refer ostracized staff nurses to psychological support services when necessary.

For staff nurses:
- Attend training sessions and workshops to develop interpersonal and communication skills, enabling them to manage and reduce workplace ostracism.
- Actively pursue self-development in professional, psychological and social skills to enhance job performance and adaptability.

For further research:
- Investigate the effect of moral intelligence training program on workplace ostracism behaviors among staff nurses.
- Examine the relationship between work alienation and staff nurses' caring behaviors.

References

- **Abd Elnaby, W., Abdelrahman, S., & Fahmy, A. (2023):** Relationship between hospital work environment and nurses' performance in critical setting. Minia Scientific Nursing Journal, 14(2),85-90. DOI: 10.21608/msnj.2023.244395.1086

- **Abd-Elrhaman, E., Helal, W., & Ebraheem S. (2020):** Organizational justice, work alienation and deviant behaviors among staff nurses. International Journal of Nursing Didactics, 10(01), 1-11. DOI: 10.15520/IJND.V10I01.2790

- **Abubakar, A., Yazdian, T., & Behravesh, E. (2019):** A riposte to ostracism and tolerance to workplace incivility: a generational perspective. Personnel Review, 47, 441–457. DOI: 10.1108/PR-07-2016-0153

- **Ahmed, W., Soliman, E., & Shazly, M. (2018):** Staff nurses' performance obstacles and quality of work life at Benha University Hospital. IOSR Journal of Nursing and Health Science, 7(2), 65-71. DOI: 10.9790/1959-0702046571

- **Al-Ajarmeh, D., Rayan, A., Eshah, N., & Al-Hamdan, Z. (2022):** Nurse–nurse collaboration and performance among nurses in intensive care units. Nursing in Critical Care, 27(6), 747-755. DOI: 10.1111/nicc.12745.

- **Al Badi, F., Cherian, J., Farouk, S., & Al Nahyan, M. (2023):** Work engagement and job performance among nurses in the public healthcare sector in the United Arab Emirates. Journal of Asia Business Studies, 17(5), 1019-1041. DOI: 10.1108/JABS-06-2022-0216

- **Alfuqaha, O., Shunnar, O., Khalil, R., Alhalaiqa, F., & Thaher, Y., (2023):** Work alienation influences nurses' readiness for professional development and willingness to learn: A cross-sectional correlation study. PLOS ONE, 18(5), 1-11. DOI: 10.1371/journal.pone.0284963

- **Ali, K., & Johl, S. (2020):** Impact of nurse supervisor on social exclusion and counterproductive behavior of employees. Cogent Business & Management, 7(1), 1-18. DOI: 10.1080/23311975.2020.1811044

- **Amarat, M., Akbolat, M., Ünal, Ö., & Karakaya, B. (2019):** The mediating role of work alienation in the effect of workplace loneliness on nurses' performance. Journal of Nursing Management, 27(3), 553-559. DOI: 10.1111/jonm.12710.

- **Atta, Z., Abood, S., & Ali, R. (2019):** Nursing staff' perception regarding factors influencing their performance in general hospital. Minia Scientific Nursing Journal, 6(1), 183-189. DOI: 10.21608/msnj.2019.187817

- **Attaullah., & Afsar, B. (2021):** Workplace ostracism and counterproductive work behaviors in the healthcare sector: a moderated mediation analysis of job stress and emotional intelligence. Dynamic Relationships Management Journal, 10(1), 73-92. DOI: 10.17708/DRMJ.2021.v10n01a05

- **Badran, F., & Khaled, M. (2021):** Job security as perceived by staff nurses and its Relation to their work alienation. Egyptian Journal of Health Care, 12(4), 1611-1620. DOI: 10.21608/ejhc.2021.213347

- **Bajrami, D., Terzić, A., Petrović, M., Radovanović, M., &Tretiakova, T., (2021):** Will we have the same employees in hospitality after all? The impact of COVID-19 on employees' work attitudes and turnover intentions. International Journal of Hospitality Management, 94, 1-9. DOI: 10.1016/j.ijhm.2020.102754

- **Bas, M., & Şirin, S. (2023):** How does workplace ostracism affect employee performance? mediating role of psychological resilience, moderated mediation role of cyberloafing. Organizacija, 56(1), 51-65. DOI: 10.2478/orga-2023-0004

- **Basuny, H., Abd El-Rahman, R., & Ashour, H. (2024):** The Relationship between workplace ostracism and nurses' perception of counterproductive work behaviors. International Journal of Novel Research in Healthcare and Nursing, 11 (1), 1-16. DOI: 10.5281/zenodo.10489628

- **Bayarsaikhan, Z., & Shin, Y. (2023):** Factors influencing nurses' job performance in Korea and Mongolia: A cross-sectional study. Journal of Korean Academy of Nursing, 30(3), 404-413. DOI: 10.7739/jkafn.2023.30.3.404

- **Chen, Y., & Li, S. (2019):** The relationship between workplace ostracism and sleep quality: A mediated moderation model. Frontiers in Psychology, 10(1): 319. DOI: 10.3389/fpsyg.2019.00319

- **Cho, H., & Kim, B. (2022):** Effect of nurses grit on nursing job performance and the double mediating effect of job satisfaction and organizational commitment. Healthcare, 10 (2), 1-11. DOI: 10.3390/healthcare10020396

- **De Clercq, D., Haq, I., & Azeem, M. (2019):** Workplace ostracism and job performance: roles of self-efficacy and job level. Personnel Review, 48(2), 184-203. DOI: 10.1108/PR-02-2017-0039

- **Deniz, S., & Cimen, M. (2024):** The Mediating Role of Work Alienation in the Effect of Workplace Ostracism on Employee Voice, 102(4), 213-222. DOI:10.1080/00185868.2022.2116375

▪ **Durrah, O. (2020):** Injustice perception and work alienation: Exploring the mediating role of employee's cynicism in healthcare sector. The Journal of Asian Finance, Economics and Business (JAFEB), 7(9), 811-824. DOI: 10.13106/jafeb.

▪ **Ebrahim, S., & Eldeep, N. (2020):** Workplace Ostracism and Counterproductive Work Behaviors among Nurses. Egyptian Journal of Health Care,11 (3), 641- 649. DOI: 10.21608/ejhc.2020.166531

▪ **Ebrahimi, H., Namdar, H., Soheili, A., & Gharaei, L. (2020).** Workplace ostracism in nurses and Its determining factors. Research and Theory for Nursing Practice, 34(3), 237-252. DOI: 10.1891/RTNP-D-19-00124

▪ **El gendy, R., El-boudy, D., Hashem, S., & Emaraa, N. (2023):** Efficiency of acceptance and commitment based nursing intervention on work place ostracism, organizational silence and psychological distress among nurses. Tanta Scientific Nursing Journal, 31(4), 222-244. DOI: 10.21608/TSNJ.2023.328820

▪ **El-Guindy, H., Rashed, N., Abd El Salam, F., & Maiz, A. (2022):** Incivility and ostracism in the workplace among staff nurses and its relation to the quality of care. Egyptian Journal of Health Care, 13(1), 1406-1420. DOI: 10.21608/EJHC.2022.227160

▪ **Elhanafy, E., & Ebrahim, R. (2022).** The influence of workplace ostracism and organizational cynicism on organizational silence among nursing staff. Tanta Scientific Nursing Journal, 25(2), 221-245. DOI: 10.21608/TSNJ.2022.236057

▪ **Elliethey, N., Abou Hashish, E., Elbassa, N. (2024):** Work ethics and its relationship with workplace ostracism and counterproductive work behaviours among nurses: a structural equation model. BMC Nursing, 23(1),126. DOI:10.1186/s12912-024-01785-4

▪ **Ferris, D., Brown, D., Berry, J., & Lian, H. (2008):** The development and validation of the workplace ostracism scale. Journal of Applied Psychology, 93(6), 1348–1366. DOI: 10.1037/a0012743

▪ **Ibrahim, R., & Olaleye, B. (2024):** Relationship between workplace ostracism and job productivity: the mediating effect of emotional exhaustion and lack of motivation. Asia-Pacific Journal of Business Administration, 16(3), 1-22. DOI: 10.1108/APJBA-08-2023-0408

▪ **Ismail, N., Hassona, F., & Attia N. (2024):** Relation between workplace ostracism and quality of care among nurses. African Journal of Biological Science, 6 (2), 900-912. DOI: 10.33472/AFJBS.6.2.2024.899-910

▪ **Kamboj, K., & Garg, P. (2022):** Workplace ostracism scale: examining the psychometric properties on Indian sample. International Journal of Business Excellence, 28(2), 253-280.

▪ **Ko, Y., Lee, T., & Lim, J. (2007):** Development of a performance measurement scale for hospital nurses. Journal of Korean Academy of Nursing, 37(3), 286–294. DOI: 10.4040/jkan.2007.37.3.286

▪ **Li, M., Xu, X., & Kwan, H. (2021):** Consequences of workplace ostracism: A meta-analytic review. Frontiers in Psychology, 12: 641302, 1-14. DOI: 10.3389/fpsyg.2021.641302

▪ **Li, S., Zhang, D., Zhao, F., & Yu, G. (2020):** Ostracism and aggression among Chinese adolescents: a moderated mediation model of trait anger and forgiveness. Child Indicators Research, 13, 1703–1715. DOI: 10.1007/s12187-019-09710-x

▪ **Manninen, S., Koponen, S., Sinervo, T., & Laulainen S. (2023):** Workplace ostracism in healthcare: Association with job satisfaction, stress, and perceived health. Journal of Advanced Nursing, 80 (5), 1813-1825. DOI: 10.1111/jan.15934

▪ **Mohammad, A., Abd El Rahman, S., Ali, R., & Ali, H. (2022):** Effect of organizational cynicism on quality of work life and employee effectiveness among nursing staff. Minia Scientific Nursing Journal, 11(1), 2-10. DOI: 10.21608/msnj.2022.118885.1017

▪ **Mottaz, C. (2005):** Some determinants of work alienation. Sociological Quarterly, 22(4), 515 - 529. DOI: 10.1111/j.1533-8525.1981.tb00678.x

▪ **Özer, Ö., Uğurluoğlu, Ö., Saygılı, M., & Sonğur, C. (2019):** The impact of work alienation on organizational health: A field study in health sector. International Journal of Healthcare Management, 12(1), 18-24. DOI: 10.1080/20479700.2017.1312804

▪ **Pasamehmetoglu, A., Guzzo, R., & Guchait, P. (2022):** Workplace ostracism: Impact on social capital, organizational trust, and service recovery performance. Journal of Hospitality and Tourism Management, 50, 119-126. DOI: 10.1016/j.jhtm.2022.01.007

▪ **Patwary, A., Hossain, M., Mistry, T., & Parvez, M. (2024):** Enhancing service adaptability: a moderated mediation model of workplace ostracism, robot anthropomorphism, employees' readiness to change, and performance efficacy. Journal of Hospitality and Tourism Technology, 1757-9880. 1-8. DOI: 10.1108/JHTT-12-2023-0437

▪ **Pourteimour, S., Yaghmaei, S., & Babamohamadi, H. (2021):** The relationship between mental workload and job performance among Iranian nurses providing care to COVID- 19 patients: A cross- sectional study. Journal of Nursing Management, 29(6), 1723–1732. DOI: 10.1111/jonm.13305

- **Qi, L., Cai, D., Liu, B., & Feng, T. (2020):** Effect of workplace ostracism on emotional exhaustion and unethical behavior among Chinese nurses: A time-lagged three-wave survey. Journal of Advanced Nursing, 76(8), 2094-2103. DOI: 10.1111/jan.14405

- **Ramadan, W., Obied, H., & Abou Shaheen, R. (2023):** Relation between Nurses' Workplace Ostracism and their Organizational Commitment. Tanta Scientific Nursing Journal, 31(4), 387-409. DOI: 10.21608/TSNJ.2023.328849

- **Sarwar, A., Zakariya, R., Afshari, L., & Ishaq, E. (2022**): But I've got my powers: Examining a moderated mediation model of punitive supervision, work alienation and well-being in hospitality industry. Journal of Hospitality and Tourism Management, 51, 303–311. DOI: 10.1016/j.jhtm.2022.03.018

- **Sayu, P. (2014):** The relationship between organizational justice and work alienation, Master thesis, Departement of Organizational Behavior. Istanbul.

- **Shafique, I., Qammar, A., Kalyar, M., Ahmad, B., & Mushtaq, A. (2020):** Workplace ostracism and deviant behavior among nurses: a parallel mediation model. Journal of Asia Business Studies, 15(1), 50-71. DOI: 10.1108/JABS-03-2020-0096

- **Uslu, O. (2021):** Being Alone Is More Painful than Getting Hurt': The Moderating Role of Workplace Loneliness in the Association between Workplace Ostracism and Job Performance. Central European Business Review, 10(1), 19-38. DOI: 10.18267/j.cebr.257

- **Xia, A., Wang, B., Song, B., Zhang, W., & Qian, J. (2019**): How and when workplace ostracism influences task performance: Through the lens of conservation of resource theory. Human Resource Management Journal, 29(3), 353–370.DOI: 10.1111/1748-8583.12226

- **Xia, B., Wang, X., Li, Q., He, Y., & Wang, W. (2022):** How workplace incivility leads to work alienation: A moderated mediation model. Frontiers in Psychology, 13, 921161. DOI: 10.3389/fpsyg.2022.921161

- **Yang, F., & Tan, S. (2023):** Effects of workplace ostracism on burnout among nursing staff during the COVID-19 pandemic, mediated by emotional labor. International Journal of Environmental Research and Public Health, 20(5), 4208. DOI: 10.3390/ijerph20054208

- **You, Q., Bai, D., Wu, C., Gao, J., & Hou, C. (2022):** Status of work alienation among nurses in China: A systematic review. Frontiers in Psychiatry, 13, 1-10. DOI: 10.3389/fpsyt.2022.986139

- **Zhao, J., He, Y., Xu, J., & Hu, S. (2022):** The Study of nurse's work alienation and Its influence on turnover intention. Yangtze Medicine, 6(3), 57-65. DOI: 10.4236/ym.2022.63005