Relation between Nurses' Workplace Ostracism and their Organizational Commitment

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ABSTRACT

Background: Addressing workplace ostracism is essential for promoting a positive workplace, fostering nurses' commitment to the organization, and ultimately enhancing patient care outcomes. Aim of the study: To assess the relationship between nurses' workplace ostracism and their organizational commitment. Research design: A descriptive correlational design was used. Setting: The study was conducted in all in-patient care units at Tanta University Main Hospital. Subjects: a convenient sample of all (N=911) nurses who were working in previous settings and were available during the time of data collection Tools: Two tools used to collect the data, Nurses' Workplace Ostracism Structured Questionnaire and Organizational Commitment Structured Questionnaire. Results: 28.9% of nurses had a high level of total workplace ostracism, 62.2% of nurses had high level of total organizational commitment, 84% of nurses had moderate level of affective dimension and 76.45% had high level of continuance dimension and 51.5% of them had high level of normative dimensions. Conclusion: There was a negative significant correlation between nurses' experience of workplace ostracism and their organizational commitment. Recommendations: Provide supportive environment that prevent ostracism in workplace such as reporting system of ostracism, policies that prevent ostracism and supporting systems for ostracism victims.

Keywords: Nurses, Organizational Commitment, Workplace Ostracism

Introduction

Nurses in a hospital workplace work together to support each other for mutual benefit and for the benefit of the work. These benefits such as working in teams, proving their value and being a part of a successful hospital, which provide a good income, the opportunity for development and secure employment. Nurses are socially bound to work together and contribute to the same goals through their competent work([1 ,2)] .

Workplace mistreatment is any interpersonal situation in which nurse initiates counter normative negative actions or desists normative positive actions toward another nurse. Ostracism is a phenomenon that is observed not only in humans but also in the animal kingdom, characterized by the weaker members of the herd are rejected and ostracized by stronger members to promote the survival of the herd. In humans ostracism can take a variety of forms and with varying consequences, it

include exclusionary behaviors such as lack of eye contact or limited verbal communication which cause distress, pain and to threaten some fundamental human needs such as belonging, self-esteem, control and meaningful existence [3,4] .

Workplace ostracism is defined as "the extent to which an individual perceives that he or she is ignored or excluded by others at work, as well as "when an individual or group omits to take actions that engage another organizational member when it is socially acceptable to do so. These two definitions reflect that ostracism could be caused by both action (excluding) as well as inaction (omission of inclusion), but they also reflect that ostracism can be defined by perceptions. Workplace ostracism is a kind of "cold violence" in which nurses perceive that they are excluded by others in hospitals, which affects both nurses and their organizations[4,5] .

Ostracism as part of a larger family of social mistreatment constructs, it is the extent to which "an individual or a group neglects to take actions that engage another organizational member when it is customary or socially appropriate to do so it damages a nurses' sense of well-being and negatively impacts on their commitment toward their work and organization[6,7] .

Hospital commitment refers to the connection or bond nurses have with their hospitals. It is also the hospital staff'psychological view towards their attachment to the hospital they are working for. It refers to having loyalty to the employing hospital, identifying with its core values, and having a cognitive desire for meaningful involvement in their hospital. Commitment is supporting hospital's objectives, making effort to fulfill its goals, and having tendency to continue its membership. One of the challenges faced by modern organizations includes maintaining nurse commitment in the current business environment. Nurses with lower level of commitment leave the organization as soon as they find another chance[8,9] .

Significance of study

In healthcare organizations workplace ostracism experienced by nurses in their interaction with work peers is crucial and can affect healthcare organization's existence and productivity. It makes workplace not ideal and decrease loyalty to organization and nurses became low committed to organization. Being ostracized is a prevalent phenomenon amongst nursing professionals who always need quality interaction to perform their jobs effectively as healthcare providers. So this study aims to explore the relationship between nurses' workplace ostracism and their levels of organizational commitment . [10]

Aim of the study

Determine the relationship between nurses's workplace ostracism and their organizational commitment.

Subjects and method

Design

A descriptive correlational research design was used in the present study. Such design fits the nature of the problem under investigation. This design used questionnaires to identify variables and relationships among them when enough information existed [11] .

Setting

This study was conducted in all in-patient care units at Tanta University Main Hospital. Bed capacity 625 beds, it provides wide range of healthcare services including Obstetric, Cardiac, Neuro-psychiatric, Plastic surgery, Pediatric, Tropical, Physiotherapy, Dermatology and Oncology units. In addition to, Medical, Chest, Incubators, Urology, Hematology, Dehydration unit and Ophthalmology units. It also includes several intensive care units (ICUs) such as the Medical, Cardiac, Neuro-psychiatric, Chest and Pediatric. Also the hospital provide different services including Central laboratory, blood bank, incinerator, laundry and kitchen.

Subject

The subject of this study included a convenient sample of all (N=911) nurses who were working in Tanta University Main Hospital and were available during the time of data collection and were willing to participate in this study. The subject of this study distributed in the following units Obstetric (n=165), Cardiac (n=229), Neuro-psychiatric (n=163), Plastic surgery (n=32), Pediatric Surgery (n=43), Tropical(n=48), Physiotherapy (n=10), Dermatology (n=13), Oncology (n=208) nurses

Tools of data collection

Tool I: Nurses' Workplace Ostracism Structured Questionnaire

It consisted of two parts as follow .

Part 1: Nurses'personal data included age, gender, marital status, residency, work unit, level of nursing education, years of experience and number of children .

Part 2: Nurses' Workplace Ostracism Structured Questionnaire. This tool was developed by Ferris (2008) (12) and was modified by the investigator. This tool divided in two dimensions task ostracism 14 items and personal ostracism10 items.

Scoring system

Nurses' responses were measured on a three points Likert Scale ranging from 1= disagree, 2= neutral and 3= agree. The total score was calculated by cutoff points and summing scores of all categories. The total scores represented varying levels as follow :

-High workplace ostracism>75%

-Moderate workplace ostracism 60-75%

- Low workplace ostracism <60%

Tool II: Organizational Commitment Structured Questionnaire: This tool was developed by **Commeiras and Fournier (2001)** [13]**; Bozeman and Perrewé (2001)** [14] and was modified by the investigator guided by related literature[8 ،9] .

This tool consisted of 24 items and it included three dimensions affective commitment 8 items, continuance commitment 8 items and normative commitment 8 items.

Methods: An official permission was obtained from Tanta University Hospital authorities.

Ethical consideration: Approval of The Scientific Research Ethical Committee Faculty of Nursing Tanta University was obtained. Nature of the study was not caused any harm or pain to nurses. Nurses consent to participate in the study was obtained after explaining the

purpose of the study; they were informed about the privacy of information obtained from them, their right to withdraw and the confidentiality of their names. Confidentiality and the privacy were taken into consideration regarding data collection. A code number was used instead of names.

After reviewing of related literature in this field, the investigator developed the tools and translated it into Arabic.

Tools of the study were submitted to a jury of five experts from the Faculty of Nursing Damanhur and Tanta Universities to test the content validity. They were three assistant professors of Nursing Administration from Faculty of Nursing Tanta University, two assistant professors of Nursing Administration from Faculty of Nursing Damanhur University and the necessary modifications were done based on their opinions.

The experts' responses were represented in four points rating scale ranged from 4= strongly relevant 3= relevant 2= little relevant and 1= not relevant. Necessary modifications were done including clarification and simplifying work related words. The content validity for tool (I) was 96.46% and for tool (II) was 99.38% .

A pilot study was conducted on a sample of 10 % of subjects (n=91) rather than the study subjects to check and ensure the clarity, applicability, and feasibility of the tools and identify obstacles and problems that encountered during data collection and the necessary modifications were done. And estimated the time to fill in the study tool. Answering the questionnaire took approximately 20 minutes.

Reliability of tools tested using Cronbach's Alpha coefficient factor, its value for the tool I was (0.984) and for tool II was(0.719)

Data collection for this study was conducted by the investigator through self-administered questionnaires. The questionnaires were hand-delivered to the study subjects in their work settings after explaining the aim of the study, during morning and noon shifts, according to their workload. The investigator met the nurses in small groups .

The questionnaires were completed by nurses in the presence of the investigator to ensure all items were answered and provide explanations required. Data collection period extended for five months starting from first of January 2022 up to first of May 2022.

Results

Table (1): shows nurses' personal data. As evident in the table, nurses' age ranged from 23to 58years with Mean ± SD 32.98 ± 9.60. In relation to nurses' sex the majority (93.7%) of nurses were females. Regarding the marital status, majority (90.1%) of nurses were married. According to residency the highest percentage nurses (55.3%) living in rural area. According to work unit (25.1%) of nurses were working in cardiac units. Concerning the level of education near the half of them (46.4%) had Associate degree. Regarding to nurse's years of experience more than one third (37.8%) of nurses had between 5 to <10years of experience. According to number of children ranged from 0.0 –

4.0 children, the table illustrates that 46.7% of nurses had two children .

Figure (1): illustrates nurses' total levels of experiencing workplace ostracism. The figure shows that; more than half of nurses (58.5%) had a low level of total workplace ostracism, while more than quarter of nurses (28.9%) had high level of total workplace ostracism .

Table (2): demonstrates nurses' agreement of experiencing workplace task ostracism dimension; As regard to task ostracism, more than two fifth (46.0%, 41.1% and 40.2%) of nurses agreed that at workplace some colleagues were given responsibilities beyond the job description, didn't coordinate the effort with other colleagues and limited experienced provision of assistance on question respectively. More than half (63.4%, 56.9%, and 56.5%) of nurses disagreed that at workplace some colleagues didn't share special expertise with others, Ignored when they have excessive work load and ignore of sharing of information and skills with others respectively.

Table 3): Nurses' e agreement of experiencing workplace personal ostracism dimension; More than two fifth (45.4%, 43.4% and 40.3%) of nurses agreed that at workplace kept silence when other colleagues entrance, avoid interacting with some colleagues and don't ask some colleagues about their desire for something when going out to rest respectively. More than half (55.8%and 51.0%) of nurses disagreed they experienced ignoring greetings of some colleagues and Ignoring the presence of some colleagues respectively .

Figure (2): illustrates nurses' total levels of organizational commitment. The figure shows that; more than three fifth (62.2%) of nurses had high level of total organizational commitment. It also shows that majority (84%) of nurses had moderate level of affective dimension. Around one fifth (16.4%, 16.1% and 15.8%) of nurses had low levels of normative, continuance and affective dimensions of organizational commitment respectively .

Table (4): demonstrates nurses' organizational commitment; as regard to affective commitment, the high percent (79.0%) of nurses agreed that they didn't't feel like a part of the family at their hospital. More than two fifth (43.4%) of nurses disagreed that they didn't feel a 'strong' sense of belonging to their hospital.

Table (5): demonstrates nurses' organizational commitment; As regard to normative commitment, the high percent of nurses (89.2%, 86.3%, 86.2%, and 80.5%) perceived that they were agreed about jumping from hospital to another not unethical to me, getting another offer for a better job elsewhere It not right to leave my hospital, Staying in one hospital is better for people careers, and Believing in the value of remaining loyal to one hospital respectively. More than two fifth (42.8%) of nurses were disagreed about major reason to work in this hospital is feeling a sense of moral obligation to remain.

Table (6): demonstrates nurses' organizational commitment; As regard to continuance commitment, the high

percent of nurses (83.5%, 83.2%, 82.4% and 81.4%) perceived that they were agreed about It wouldn't be too costly for us to leave our hospital now, major reason to work for this hospital is that leaving would require considerable personal sacrifice .I am not afraid about quitting my job without having another one and It is very hard to leave my hospital right now even if I wanted to respectively. Only23.4% of nurses were disagreed about our life would be disrupted if we decided to leave our hospital now .

Figure (3): demonstrates correlation between nurses' workplace ostracism and organizational commitment. It shows that; there was a negative significant correlation between nurses' experience of workplace ostracism and their organizational commitment where at p-value .(0.001>)

Table (7): represents relation between nurses 'personal data and nurses experience workplace ostracism. It shows that; there were significant positive relations between nurses' workplace ostracism and their all personal data except for sex, marital status and residency at p-value.(0.001>)

Table (8): demonstrates relation between nurses' personal data and organizational commitment. It shows that; there were no significant relation between nurses' all personal data and organizational commitment except for to work unit and education level at p-value .(0.001>)

Table (1): Nurses' personal data (n = 911)

Personal data	No.	%
Age		
20 – <30	**363**	**39.8**
30 – <40	**400**	**43.9**
40 – <50	**57**	**6.3**
50+	**91**	**10.0**
Mean ± SD.(Range)	**32.98 ± 9.60 (23.0 – 58.0)**	
Sex		
Male	**57**	**6.3**
Female	**854**	**93.7**
Marital status		
Unmarried	**90**	**9.9**
Married	**821**	**90.1**
Residency		
Urban	**407**	**44.7**
Rural	**504**	**55.3**
Work unit		
Pediatric	**43**	**4.7**
Oncology	**208**	**22.8**
Cardiac	**229**	**25.1**
Obstetric	**165**	**18.1**
Neurological	**163**	**17.9**
Tropical	**48**	**5.3**
Dermatology	**13**	**1.4**
Physiotherapy	**10**	**1.1**
Plastic surgery	**32**	**3.5**
Level of nursing education		
Diplom degree	**305**	**33.5**
Associate degree	**423**	**46.4**
Bachelor degree	**183**	**20.1**
Years of experience		
<5	**123**	**13.5**
5 - <10	**344**	**37.8**
10 - <15	**93**	**10.2**
15 - <20	**142**	**15.6**
20+	**209**	**22.9**
Mean ± SD. (Range)	**14.05 ± 10.38(1.0 – 41.0)**	
Number of children		
0	**187**	**20.5**
1	**102**	**11.2**
2	**425**	**46.7**
3	**133**	**14.6**
4	**64**	**7.0**
Mean ± SD. (Range)	**1.76 ± 1.14(0.0 – 4.0)**	

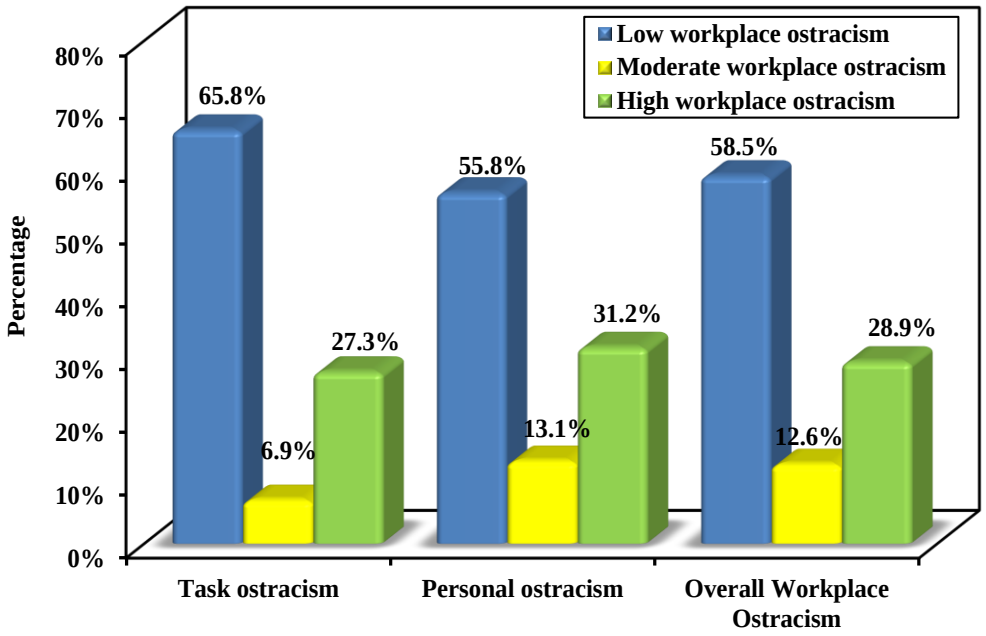


Figure (1): Nurses' total levels of experiencing workplace ostracism (n = 911)

Table (2): Relation between nurses 'personal data and nurses' workplace ostracism (n = 911)

Items	Nurses' Workplace Ostracism						X^2	p
	Low (n =533)		Moderate (n =115)		High (n =263)			
	No.	%	No.	%	No.	%		
Age								
20 – <30	201	37.7	44	38.3	118	44.9	13.446*	0.036*
30 – <40	247	46.3	57	49.6	96	36.5		
40 – <50	35	6.6	8	7.0	14	5.3		
50+	50	9.4	6	5.2	35	13.3		
Sex								
Male	31	5.8	4	3.5	22	8.4	3.683	0.159
Female	502	94.2	111	96.5	241	91.6		
Marital status								
Unmarried	54	10.1	9	7.8	27	10.3	0.627	0.731
Married	479	89.9	106	92.2	236	89.7		
Residency								
Urban	238	44.7	44	38.3	125	47.5	2.781	0.249
Rural	295	55.3	71	61.7	138	52.5		
Work unit								
Pediatric	28	5.3	1	0.9	14	5.3	54.728*	<0.001*
Oncology	132	24.8	25	21.7	51	19.4		
Cardiac	122	22.9	35	30.4	72	27.4		
Obstetric	109	20.5	17	14.8	39	14.8		

Neurological	91	17.1	22	19.1	50	19.0		
Tropical	38	7.1	3	2.6	7	2.7		
Dermatology	5	0.9	3	2.6	5	1.9		
Physiotherapy	4	0.8	1	0.9	5	1.9		
Plastic surgery	4	0.8	8	7.0	20	7.6		
Level of nursing education								
Diploma	195	36.6	31	27.0	79	30.0	17.691*	0.001*
Associate degree	217	40.7	66	57.4	140	53.2		
Bachelor degree	121	22.7	18	15.7	44	16.7		
Years of experience								
<5	74	13.9	12	10.4	37	14.1	15.774*	0.046*
5 - <10	197	37.0	46	40.0	101	38.4		
10 - <15	48	9.0	20	17.4	25	9.5		
15 - <20	95	17.8	17	14.8	30	11.4		
20+	119	22.3	20	17.4	70	26.6		
Number of children								
0	112	21.0	19	16.5	56	21.3	22.988*	0.003*
1	54	10.1	16	13.9	32	12.2		
2	228	42.8	56	48.7	141	53.6		
3	97	18.2	17	14.8	19	7.2		
4	42	7.9	7	6.1	15	5.7		

χ^2: **Chi square test** *: Statistically significant at $p \leq 0.05$

Table (3): Relation between nurses' personal data and organizational commitment (n = 911)

Items	Nurses' Organizational Commitment						χ^2	p
	Low (n =175)		Moderate (n =169)		High (n =567)			
	No.	%	No.	%	No.	%		
Age								
20 – <30	72	41.1	77	45.6	214	37.7	8.990	0.174
30 – <40	70	40.0	67	39.6	263	46.4		
40 – <50	9	5.1	13	7.7	35	6.2		
50+	24	13.7	12	7.1	55	9.7		
Sex								
Male	16	9.1	6	3.6	35	6.2	4.603	0.100
Female	159	90.9	163	96.4	532	93.8		
Marital status								
Unmarried	15	8.6	19	11.2	56	9.9	0.689	0.709
Married	160	91.4	150	88.8	511	90.1		
Residency								
Urban	74	42.3	76	45.0	257	45.3	0.507	0.776
Rural	101	57.7	93	55.0	310	54.7		
Work unit								
Pediatric	9	5.1	2	1.2	32	5.6	74.491*	<0.001*
Oncology	32	18.3	41	24.3	135	23.8		
Cardiac	45	25.7	50	29.6	134	23.6		
Obstetric	22	12.6	27	16.0	116	20.5		
Neurological	39	22.3	29	17.2	95	16.8		
Tropical	3	1.7	6	3.6	39	6.9		
Dermatology	1	0.6	6	3.6	6	1.1		
Physiotherapy	5	2.9	1	0.6	4	0.7		
Plastic surgery	19	10.9	7	4.1	6	1.1		
Level of nursing education								
Diploma	54	30.9	46	27.2	205	36.2	10.696*	0.030*
Associate degree	91	52.0	92	54.4	240	42.3		
Bachelor degree	30	17.1	31	18.3	122	21.5		
Years of experience								
<5	24	13.7	28	16.6	71	12.5	8.756	0.359
5 - <10	62	35.4	64	37.9	218	38.4		
10 - <15	20	11.4	19	11.2	54	9.5		
15 - <20	25	14.3	17	10.1	100	17.6		
20+	44	25.1	41	24.3	124	21.9		
Number of children								
0	37	21.1	39	23.1	111	19.6	9.280	0.319
1	20	11.4	22	13.0	60	10.6		
2	90	51.4	77	45.6	258	45.5		
3	19	10.9	18	10.7	96	16.9		
4	9	5.1	13	7.7	42	7.4		

χ^2: **Chi square test** *: Statistically significant at $p \leq 0.05$

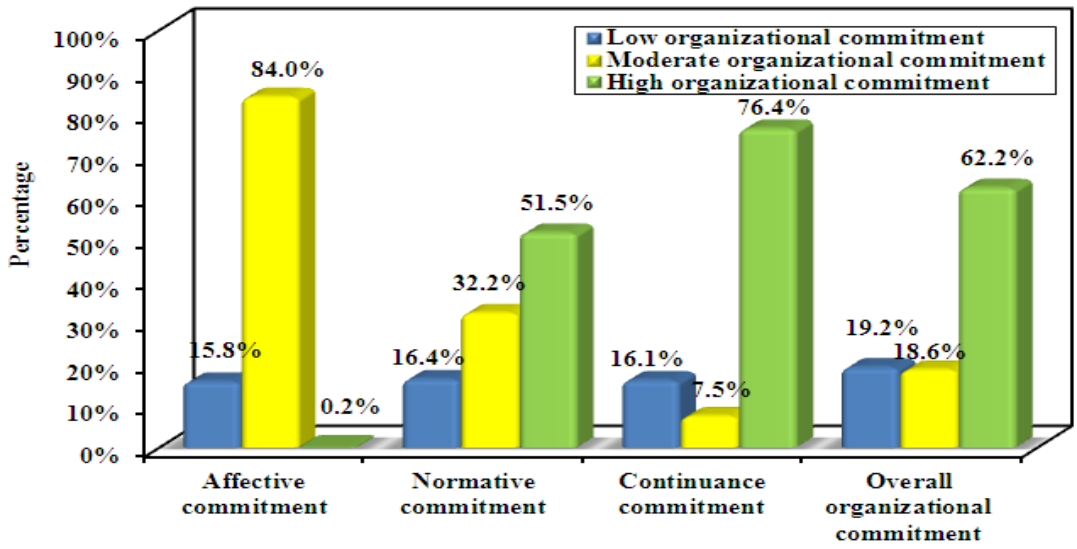
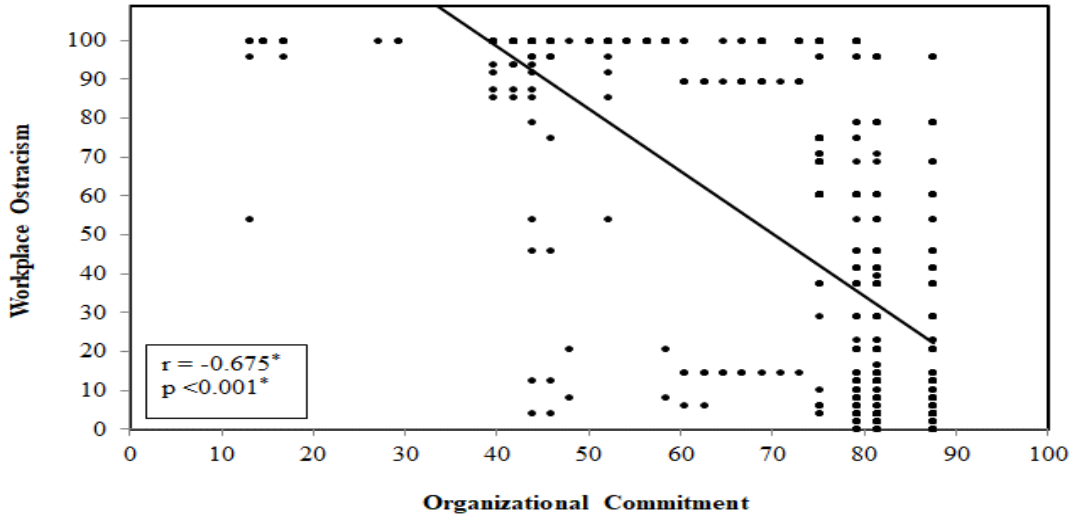


Figure (2): Nurses 'total levels of organizational commitment (n = 911)



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Nurological	91	17.1	22	19.1	50	19.0		
Tropical	38	7.1	3	2.6	7	2.7		
Dermatology	5	0.9	3	2.6	5	1.9		
Phsothrapy	4	0.8	1	0.9	5	1.9		
Plastic surgery	4	0.8	8	7.0	20	7.6		
Level of nursing education								
Diplom	195	36.6	31	27.0	79	30.0	17.691*	0.001*
Associate degree	217	40.7	66	57.4	140	53.2		
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2	228	42.8	56	48.7	141	53.6		
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Sex								
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Obstetric	22	12.6	27	16.0	116	20.5		
Neurological	39	22.3	29	17.2	95	16.8		
Tropical	3	1.7	6	3.6	39	6.9		
Dermatology	1	0.6	6	3.6	6	1.1		
Physiotherapy	5	2.9	1	0.6	4	0.7		
Plastic surgery	19	10.9	7	4.1	6	1.1		
Level of nursing education								
Diplom	54	30.9	46	27.2	205	36.2	10.696*	0.030*
Associate degree	91	52.0	92	54.4	240	42.3		
Bachelor degree	30	17.1	31	18.3	122	21.5		
Years of experience								
<5	24	13.7	28	16.6	71	12.5	8.756	0.359
5 - <10	62	35.4	64	37.9	218	38.4		
10 - <15	20	11.4	19	11.2	54	9.5		
15 - <20	25	14.3	17	10.1	100	17.6		
20+	44	25.1	41	24.3	124	21.9		
Number of children								
0	37	21.1	39	23.1	111	19.6	9.280	0.319
1	20	11.4	22	13.0	60	10.6		
2	90	51.4	77	45.6	258	45.5		
3	19	10.9	18	10.7	96	16.9		
4	9	5.1	13	7.7	42	7.4		

DISCUSSION

Nursing is particularly renowned as a stressful profession. In such a situation, a covert form of mistreatment from nurses and supervisors in work settings can prove to aggravate the mental pressure that nurses face and can result in stress. [15] Ostracized nurses with poor resources tend to protect these resources by demonstrating depersonalization and low wok engagement and performance. [16]

Nurses' total levels of experiencing workplace ostracism

The results of the current study revealed that more than half of nurses had low level of total workplace ostracism. This result may be due to more than half of nurses had low levels of both task and personal ostracism. From the researcher's point of view these results may be due to workplace ostracism is a subjective perception of a nurse and each nurse has different perceptions and responses to ostracism. As a negative experience, the nurses may have a tendency of hiding as the survey of this study was conducted within one hospital which might make the respondents not comfortable to report their ostracized experience. These results supported with the study conducted by **Gharaei et al. (2020) [17]; Shafique et al. (2020) [18]** who found that about two thirds reported suffering from workplace ostracism.

While more than quarter of nurses had high level of total workplace ostracism. That could be due to more than quarter had high levels of both task and personal ostracism. This could be due to more than one third of nurses were less than thirty years of age and had less than ten years of experience so they were unable to express their negative emotions related to their work colleague and know how seriously this could affect overall work environment. These results supported with the study conducted by **Scott et al. (2014) [19]** who reported that a high level of isolation and ostracism in workplace. Therefore, it provides evidence that workplace ostracism is a widespread phenomenon.

The present study results also showed that almost two thirds and more than half of nurses had low workplace ostracism according to task and personal ostracism dimensions. While more than quarter of nurses experienced high levels of both personal and task ostracism. This may be due to a considerable percent were given responsibilities beyond their job description. These results cohort with the study by **Ahmed et al. (2020) [20]** reported that about two thirds of studied nurses had moderate level of workplace ostracism, while one fifth of nurses had low workplace ostracism. Also, a study performed by **Chen & Li (2019) [21]** stated that about half of studied nurses suffered from personal ostracism at workplace.

Nurses' experiencing of workplace task ostracism dimension

The present study results indicated that more than two fifth of nurses agreed that they experienced giving some colleagues responsibilities beyond a job description; they didn't coordinate the effort with some colleagues and limiting the provision of assistance on question with some colleagues. This results may be due to majority of them had diploma and associate degree level of education thus they might lack the communication skills and were in oriented about the significant impact of

silence and ignoring others as their nursing undergraduate were limited to only two years. In addition shortage of staff, role ambiguity, job description is poorly defined, conflict between nurses, and heavy workloads that can create tensions among nurses, which lead to a challenging work environment and potential ostracism of certain individuals.

This finding supported by **Elhanafy et al. (2022) [22] ; Abd Allah et al. (2021) [23]** **w**hose study revealed that more than half of the staff nurses studied had avoiding contact, refusing interaction and giving responsibilities not related to their job description. This finding also was supported with **Zahid et al. (2021) [24]** who stated that study subjects had kept silent toward hospital members and not coordinated the work with each other. These findings supported by **Ahmed et al. (2020) [25]** **Mlika et al. (2017) [26]** which reported that the largest proportion of studied nurses had failing to respond to the individual and had problems in the giving of assistance on question with each other which isn't socially appropriate.

Nurses' experiencing of workplace personal ostracism dimension

The current study findings demonstrated that more than two fifth of nurses agreed that they experienced keeping silence when some colleagues enter, avoiding interacting with some colleagues and didn't ask some colleagues about their desire for something when going out to rest. From the researcher's point of view these results may be due to some personal traits of nurses such as inability to manage conflict, lack in self-confidence, inability to confront ostracized person or initiate assertive communication and deal professionally,.

In the same line, **El-Guindy et al. (2022) [27]** reported that more than half of the staff nurses studied had experience of excluded from conversations, keeping silence at workplace with other nurses, In this concern, **Söyük et al. (2019) [28]** mentioned that individuals not invited to social events and limit interacting with some nurses Also, **Sarwar et al. (2020) [29]; Abubakar et al. (2018) [30]** stated that nurses were not interacting and not share question with each other, excluded from conversations and not inviting to project meetings.

Nurses' total levels of organizational commitment

The current study result reflected that more than three fifth of nurses had high level of total organizational commitment. This result may be due to high percent and more than half of nurses had high levels of continuance and normative dimensions of organizational commitment. While around one fifth of nurses had low level of total organizational commitment that could be due to around one fifth of nurses had low level of organizational normative continuance and affective commitment. This result may be due to nurses were unsatisfied about their job, pay, benefits and promotion. They found that current job responsibilities became routine and suffer from block of chances for higher administrative position.

In this concern, **Miedaner et al. (2018) [31]; Karem et al. (2019)[32]** mentioned that organizational support from leader had a stronger effect on

commitment for nurses. Individual support by leaders and colleagues was shown to influence organizational commitment more strongly. Also, the degree of autonomy in the units and perceived quality of care had a larger impact on the nurses' organizational commitment.

These results were consistent with a study conducted by **Cao et al. (2019)** [33] and reported that nurses' organizational commitment were in the medium to high level. On the other hand, these results were conducted by **Al-Haroon et al. (2020)** [34] which reflected that most nurses showed a moderate level of job commitment. Also, **Labrague et al. (2018)** [35] mentioned that nurses were moderately committed. This may be due to cultural variations across different studied subjects in terms of organizational commitment perceptions and the diversity of assessment scales used in different studies.

Regarding nurses' affective dimension of organizational commitment, the present study represented that more than three quarters of nurses perceived that they were agreed that they didn't feel like a part of the family of their hospital. This may be due to nurses weren't satisfied about their supervisor also they weren't satisfied with their communication. Also our results revealed that more than two fifths of them were disagreed about didn't feel a 'strong' sense of belonging to their hospital. This may be due to the majority of nurses were married females from rural areas so their first commitment was for their families and personal life.

This result matched with a study carried out by **Timalsina et al. Labrague et al. (2018)** [36] **(2018)** [37] whose stated that a majority of respondents had feeling of not being a part of their hospital and there was no emotional attachment towards the hospital.

Study from **Dinc et al. (2018)** [38] which reported that the largest proportion of studied nurses feel a sense of belonging to their hospital and nurses have high level of active commitment and the chances of nurses staying with the hospital for long are high.

Concerning nurses' normative dimension of organizational commitment, the results of the present study indicated that the highest percentage of nurses agreed about jumping from hospital to another not unethical to them and getting another offer for a better job elsewhere would not make them feel to leave their hospital. This can be justified as nurses opportunities to grow and develop professionally in this hospital in limited so, finding new opportunity to grow professionally or improve personal income don't contradict with their professional principles.

Staying in one hospital is better for people careers and believing in the value of remaining loyal to one hospital. This may be due to the majority of nurses were married females have a stable life so it is not easy to them to change their workplace. While more than two fifth of nurses were disagreed that thinking that major reason to work in this hospital was feeling a sense of moral obligation to remain. This may be due to supervisors weren't able to satisfy all

nurses in the same manner and at the same time and nurses view their work opportunity as a business chance in a highly completion labor.

This result was congruent with the study results conducted by **Cherian et al. (2018) [39] which** reported that the largest proportion of studied nurses supported moving from hospital to another workplace or change your hospital workplace not unethical to nurses and **Li et al. (2021) [40]** reported that remaining in the same hospital which indicated that this commitment is based on a belief in the moral or ethical responsibilities to stay, support the organization, getting another offer for a job consider not indicate to leave their hospital and normative commitment is based on ethical responsibilities to stay and support the organization.

As regard nurses' continuance dimension of organizational commitment, the current study showed that the highest percentage of nurses were agreed that it wouldn't be too costly for them to leave our hospital now, major reason to work for this hospital is that leaving would require considerable personal sacrifice, they were not afraid about quitting my job without having another one and it is very hard to leave my hospital right now even if they wanted to. Majority of the study subjects were married females living in rural area having a stable life it will be difficult for them to quiet this hospital and searching for a new opportunity in different place, this will upset their personal life.

A study conducted by **Al-Haroon et al. (2020) [41]** found that most of the studied nurses supported that nurses think that leaving a hospital wouldn't be costly for them and showed high level of nurses not afraid about quitting the job and hospital

A study from **Sepahvand et al. (2020) [42] Bell and Sheridan (2020) [43]** reportd that staying in the hospital is better than leave it and continuance commitment is nurses consider that leaving a hospital would be costly and they want to stay in the hospital for a longer period of time because they feel they must stay.

Correlation between nurses' workplace ostracism and organizational commitment

The current study clarified that there was a negative significant correlation between nurses' experience of workplace ostracism and their organizational commitment. This could be attributed to that all dimensions of organizational commitment were affected by workplace ostracism. From the researcher's point of view ostracism negatively affected nurses' desire to work at their hospital and remain in the nursing profession because of the dissatisfaction it created, the stressors of the nursing profession could decrease nurses' motivation to stay at their current hospital and lack of basic need fulfillment.

Nurses may consider working at another hospital to escape their fellow nurses who ostracize them. It is possible that ostracism's negative effects on commitment are due to a lack of social support available at work. Social support, or the availability of social support, has been shown to alleviate the negative effects of stress and promote overall well-being. In this concern, **Mattar et al. (2022) [44]** mentioned that workplace ostracism is one of the major factors

that may impact nurses' engagement. When individuals experience ostracism, they will be stressed out, which, in severe situations, can lead to cognitive and functional impairment. Also, **Chung (2018) [45]; Li (2018) [46]** stated that in the workplace, ostracism can dramatically affect interpersonal behaviour and harm job performance.

Relation between nurses' personal data and nurses' workplace ostracism

The results of the present study displayed that there were significant positive relations between nurses' workplace ostracism and their age, work unit, education level, years of experience and number of children. This can be interpreted as older nurses had low level of ostracism as they can deal with conflict and mange ostracized person. Also, to be more educated and having more children enables nurses to manage stressful situation. In addition majority of nurses were working in neuro-psychiatric, cardiac and oncology units in which the natural of patient care in these units require nurse to be more wisdom and patience and decrease levels of committing ostracism to the staff.

Relation between nurses' personal data and organizational commitment

The present study reflected that there were significant relations between nurses' organizational commitment and their work unit and education level, while there was no significant relation with nurses' age, gender, marital status, residency, years of experience, and number of children. This can be explained as nurses who working in units as majority of these nurses were working in neuro-psychiatric, cardiac and oncology units in which the natural of work in these unit and working with patient critically ill and in some cases at the late stage of life make these nurses more able to deal with stress and conflict and mange ostracized individuals.Some researches support this relationship. For example, **Sepahvand et al. (2017) [47]** stated that there was no significant statistical difference among age, marital status and organizational commitment and its dimensions. In the same line, a study performed by **Khodadadei and Salehi (2018) [48]** supported this finding by indicating that, there was a significant relation between nurses' educational level and their organizational commitment. Also, **Gholami et al. (2019) [49]** mentioned that, in terms of nurses' characteristics, it was shown that there were statistical relationships between the levels of organizational commitment and nurses' education and work unit.

In contrast, a study carried out by **Berberoglu (2018) [50]** stated that, there was a significant relation between nurses' organizational commitment and their age and years of experience. Also, **Cherian et al. (2018) [51]** found that there was no statistical relation between nurses' education and work unit and their organizational commitment.

The mistreatment of others is regarded as a threat to relationships and effectiveness in the workplace. Ostracism is prevalent in organizations and has a destructive influence on nurses and it threatens the need to belong and loyalty to organization. Reducing Ostracism is one way to avoid conflict and exclusion and to excel at one's job, as this allows

employees to effectively show their organization and colleagues their contributions. unit and working with patient critically ill and in some cases at the late stage of life make these nurses more able to deal with stress and conflict and mange ostracized individuals.

Based on the findings of present study it was concluded that there was a negative significant correlation between nurses' experience of workplace ostracism and their organizational commitment at Tanta University Main Hospital. More than half of nurses had a low level of total workplace ostracism, while more than quarter of nurses had high level of total workplace ostracism. More than three fifth of nurses had high level of total organizational commitment, While around one fifth of nurses had low levels of total organizational commitment.

Recommendations: Provide supportive environment that prevent ostracism in workplace such as reporting system of ostracism, policies that prevent ostracism and supporting systems for ostracism victims. Permit nurses to participate in hospital committees and participation in decision-making. Develop studied curriculums on ostracism and teaching methods on managing ostracism. Build a collaborative work culture to decrease the level of ostracism. Establish ostracism zero tolerance policy. Ensure clear job description for all nurses with a specified job roles and responsibilities.

For further studies for exploring: Exploring the relation between workplace ostracism and organizational commitment with diverse cultures in different health care setting to generalize the findings. Investigate factors contributing to nurses' workplace ostracism.

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