

The Relationship between Organizational Ostracism and Organizational Silence among Nursing Personnel

Alaa Mohamed Helmy¹, Lamia Ismail Keshk², Hossam Ali Ismail³

1. B.Sc.N. of Nursing Administration, Faculty of Nursing - Helwan University, Cairo, Egypt.
2. Professor of Nursing Administration, Faculty of Nursing - Helwan University, Cairo, Egypt.
3. Lecturer of Nursing Administration, Faculty of Nursing - Helwan University, Cairo, Egypt.

Abstract

Background: Organizational ostracism is isolation in working environment. Organizational silence is withholding work-related thoughts and information. Ostracized nurses at the organization try to protect themselves from being ignored and thus adopted the strategy of defensive silence and concluded. **Aim:** This study aimed to explore the relationship between organizational ostracism and organizational silence among nursing personnel. **Design:** A descriptive correlative research design was used in this study. **Setting:** The study was conducted at Al-Monira General Hospital. **Subject:** A convenience sampling of nursing personnel was included (N=155). **Tools:** Two tools were used in collecting data for the current study as organizational ostracism questionnaire and organizational silence questionnaire. **Results:** More than half of nursing personnel had low level of organizational ostracism and less than half of them had low level of organizational silence. **Conclusion:** There was a positive statistically significant correlation between organizational ostracism and organizational silence among nursing personnel. **Recommendation:** Foster a supportive environment that values open communication, collaboration, and innovation among nursing personnel. Replicate the study on large sample size and on governmental and private healthcare settings to explore the long-term effects of organizational ostracism and silence

Keywords: Nursing personnel, Organizational Ostracism, Organizational Silence.

1-Introduction

Today, General healthcare consider as a significant social setting, offer nurses the chance to interact and communicate with other health team member and patients through direct channel of communication. Despite direct communication had many benefits, sometimes the outcomes of indirect communication are positive since some organizational employees are intentionally kept in isolation and silence due to organizational ostracism (Lee & Jang, 2023)

Employees contribute to their organizations by working with many colleagues and managers. Changes in working life and competitive environment cause employees to interact more with each other. These changes and interactions cause some problems in the workplace (Özisli, 2022)

Ostracism is considered social exclusion involving frequent isolation and disconnected attitude of people rejection, abandonment, being out of the loop, threats to belonging and language exclusion. behavioral manifestations of ostracism can be anticipated in the social context, like, being overlooked, being avoided and being ignored by other individuals or groups (Chandra et al., 2023)

Ostracism occurs as “shunning” in small homogenous groups like the Amish or as rejection among children. Ostracism in various forms is also deeply embedded in our own legal tradition. and is used in the formal and informal legal procedures of other cultures, used to maintain order, to punish deviance, and to increase social

cohesion. Sometimes human factors as personality conflicts, communication styles, values, behaviors of someone, feeling of jealousy and envy among co-workers can lead social isolation (*Bonifacio, 2024*)

Organizational silence refers to a phenomenon where employees reject illegal/immoral activities, disrespect, and disregard for legal standards within the organization, showing no reaction. Employee silence has three dimensions: acquiescent silence, defensive silence, and prosocial silence. prosocial silence, employees refrain from expressing thoughts, information, or opinions about their jobs (*Jahan & Adav, 2024; Zohra & Sabrina, 2022*)

The employees choose to be silent due to can be afraid from damage existing relationships, power distance, A few years of experience of nurses in the organization, lack of management support, lack of knowledge, heavier workloads, organizational political behaviors and avoiding problems with others (*Mamdouh et al., 2024 and Hao et al., 2022*)

So that, the organizational ostracism has negative consequences such as decreasing nurses' satisfaction, inhibition mental health, minimizing motivation, losing pride, fear, distrust, discomfort, loneliness and destroying a person's abilities to establish or continue positive interpersonal relations. so, the employee prefers to be silent and not express about his/her feelings, thoughts and disengagement in work related issues (*Song & Guo, 2022*)

II. Significance of Study

Organizational ostracism and silence impact negatively on creativity of employees. Nationally, the study of Relation between Workplace Ostracism and Organizational Silence among nurses by *Mamdouh et al., (2024)* who relieved that, nearly half of the studied nurses (49.9%) had a low perception level of work place ostracism and (57.0%) had a high perception level of organizational silence.

Internationally, the study of Organizational Silence in public hospital conducted in Turkey by *Yang et al., (2022)* indicated that two third (65.7%) of the nurses remained silent about matters related to work or workplace. the study of organizational ostracism conducted in Pakistan by *Shafique et al., (2020)* who found that, at ostracism is positively related to deviant behavior of nurses

The organizational ostracism and silence should be recognized and managed effectively to prevent fixable problems may arise as job dissatisfaction, absenteeism, anxiety, depression and resistance to change (*Youssef & Mohamed, 2021*). So, it is necessary to assess the relationship between organizational ostracism and organizational silence among nursing personnel.

III. Aim of the Study

The aim of this study was to assess the relationship between organizational ostracism and organizational silence among nursing personnel through the following objective:

- 1- Assess nursing personnel perception of organizational ostracism.
- 2- Determine nursing personnel perception of organizational silence.
- 3- Find out the relationship between organizational ostracism and organizational silence among nursing personnel.

Research Questions:

The research question of current study was formulated as: is there a relationship between organizational ostracism and organizational silence among nursing personnel?

IV. Subjects and Methods

Research design: A descriptive correlational research design was used in this study.

Study Setting:

The study was conducted at AL-Monira General Hospital which located at North-Cairo in Egypt.

Study Subjects:

The study subjects included a convenience of nursing personnel (n=155) in AL-Monira General Hospital setting and agreed to participate in the study during the time of data collection from July 2023 to the end of September 2023.

Sample Criteria:**Inclusion criteria:**

- Nursing personnel who have experience more than one-year experience

Exclusion criteria:

- New nursing personnel and nursing students

Tools of data collection:

Two tools were used for collecting data of this study as the following:

First Tool: Organizational Ostracism Questionnaire: It was adapted from (*Elhanafy & Ebrahim, 2022*) and modified by the researcher. Also, this tool was consisted of two parts as the following.

Part 1: Personal characteristics data: This part was used to assess the personnel data of nursing personnel which included (age, gender, educational level in nursing, experience years, working unit, job title and marital status).

Part 2: Organizational ostracism questionnaire: This part was used to assess organizational ostracism as perceived by nursing personnel which consisted of six dimensions with 40 items as workplace ostracism = 9, communication patterns = 6, inclusive environment = 7, social integration = 6, leadership impact = 6, and recognition & appreciation = 6.

Scoring system

Organizational ostracism questionnaire consisted of (40) items (with a total grade (120)). It was collected by using 3-point Likert scale as one for disagree, two for neutral, three for agree According to (*Lionello et al., 2021*). Nursing personnel represented were calculated in the scoring system and classified and counted in to percentage as the following:

- **Low organizational ostracism level:** if the total score was less than 60%, it means less than 71 points
- **Moderate organizational ostracism level:** if the total score was equal or more 60% to less than 75%, it means less than $\geq 60 < 75$ point.
- **High organizational ostracism level:** if the total score was equal or more 75%, it means equal or more than 75 points

Second Tool: Organizational Silence Questionnaire: It was be adapted from (*Abdou et al., 2022*) and modified by the researcher to assess organizational silence among nursing personnel. It consisted of three dimensions with 15 items as Defensive Silence=5, Acquiescent Silence =5, Pro-social Silence = 5.

Scoring system:

Organizational silence questionnaire consisted of 15 items (with a total grade (45)). It was collected by using a 3-point Likert scale as one for disagree, two for neutral, three for agree According to (*Lionello et al., 2021*) nursing personnel represented were calculated in the scoring system and classified and counted in to percentage as the following

- **Low organizational silence level:** if the total score was less than 60%, it means less than 62 points.

- **Moderate organizational silence level:** if the total score was equal or more 60% to less than 75%, it means less than $\geq 62 < 77$ point.
- **High organizational silence level:** if the total score was equal or more 75%, it means equal or more than 77 points.

Validity of the study:

The study tools were translated into Arabic and tested for face and content validity by a panel group of five experts specialized in nursing administration from three universities namely: Cairo University, Modern University for Technology and information and Damanhur University to judge their calamity, relevant and accuracy through an opinionnaire sheet. Minor modifications were done based on jury opinions regarding tools format and layout.

Reliability of the study tools:

Reliability for the utilized tools was tested to determine the extent to which the items of the tools are inter-correlated to each other. The Cronbach's alpha model is one of the most popular reliability statistics in use today and considered as a model of internal consistency that is used to estimate reliability of test scores. The statistical equation of Cronbach's alpha reliability coefficient normally ranges between 0-1, (**Malkewitz et al., 2023**). The test reliability of organizational ostracism questionnaire showed (0.993), and the test reliability of organizational silence questionnaire showed (0.964) which indicatory excellent reliability.

V. Ethical considerations:

Prior study conduction, an approval obtained from the Scientific Research Ethics Committee at faculty of nursing–Helwan University, in addition, an approval was obtained from the manager of Al-Monira General Hospital either medical or nursing for data collection. Participation in the study was voluntary and given complete full information about the study and their role before signing the informed consent. Nursing personnel were assured that anonymity and confidentiality of their information would be guaranteed. The ethical considerations included an explanation about the purpose and nature of the study, stating the possibility to withdraw at any time. Ethics, values, culture and beliefs was respected.

VI. Pilot study:

A pilot study was conducted on 10% of the total study subjects (16 nursing personnel). The aim of pilot study was to determine clarity, applicability, of the tools and to estimate the time required for full filling the questionnaire sheets. Total time needed to conduct the total sheets by nursing personnel was ranged between (15-25) minutes. Those participants in the pilot study were included in the main study sample. Based on the pilot study, no modifications were done and the final version was prepared for distribution to the nursing personnel

VII. Field work:

The actual field work started from the beginning of August 2024 to the ending of September 2024. After obtaining all official permissions, the researcher met the director of Al Monira general hospital to explain the aim of the study to gain the approval of data collection.

The researcher collected data by herself through meeting nursing personnel and explaining the purpose of the study to them in the study setting. The questionnaire sheets were completed by nursing personnel. There are two shifts in schedule. Day shift starts from 8am to 8pm. Night shift starts from 8pm to 8am. The researcher went to Al- Monira General hospital one day shift per week for two months from 8:00 am to 1:00 pm on day shift. The researcher went to Al- Monira General hospital one-night shift from 8pm to 10pm in two months. Every visit included 20 nursing personnel and was present during fulfilling the questionnaires to answer any question related to the study.

The time needed by nursing personnel to complete both of the study tools wee ranged between (15-25) minutes. The researcher checked the completeness of each filled sheet after the nurse personnel completed it to ensure the absence of any missing data

VII. Statistical analysis

Data entry and analysis were performed using SPSS statistical package version 26. Categorical variables were expressed as number and percentage while continuous variables were expressed as (mean \pm SD). Chi-Square (χ^2) in one sample used to compare differences between levels of organizational silence and organizational ostracism among the studied nursing personnel. Kruskal Wallis test was used to compare mean in not normally distributed quantitative variables at more than two groups.

IX. Results

Table (1): Frequency distribution of personal characteristic among the studied nursing personnel (n= 155)

Personal characteristics		F	%
Age in year	• 20 < 30 years	74	47.7
	• 30 < 40 years	56	36.1
	• 40 < 50 years	20	12.9
	• 50 \leq 60 years	5	3.2
	• Mean \pm SD	31.76 \pm 7.3	
	• Rang:(Max-Min)	35 (57-22)	
Years of experience	• 1 < 5 years	66	42.6
	• 5 < 10 years	40	25.8
	• 10 < 15 years	21	13.5
	• 15 < 20 years	10	6.5
	• \geq 20 years	18	11.6
	• Mean \pm SD	7.97 \pm 7.8	
	• Rang:(Max-Min)	34 (35-1)	
Nursing qualification	• Nursing Technical Diploma	33	21.3
	• Technical Nursing institute	65	41.9
	• Bachelor	52	33.5
	• Master	4	2.6
	• Doctorate	1	0.6
Working department	• In-patient	33	21.3
	• Out-patient	16	10.3
	• Dialysis	17	11.0
	• Critical-care unite	68	43.9
	• Operational room	21	13.5
Marital status	• Single	56	36.1
	• Married	83	53.5
	• Widow	13	8.4
	• Divorced	3	1.9
Salary	• Sufficient	70	45.2
	• In-sufficient	85	54.8

Table (5) Clarifies that, 47.7% of the studied nursing personnel were aged from 20 < 30 years with a total mean of 31.76 \pm 7.3. Moreover, 42.6% of the nursing personnel working for 1 < 5 years with a total mean of 7.97 \pm 7.8. Also, 41.9% & 43.9% of them were holding a previous qualification of a technical nursing institute degree and were working critical care unite respectively. Additionally, 53.5% & 54.8% of them were married and in-sufficient salary respectively.

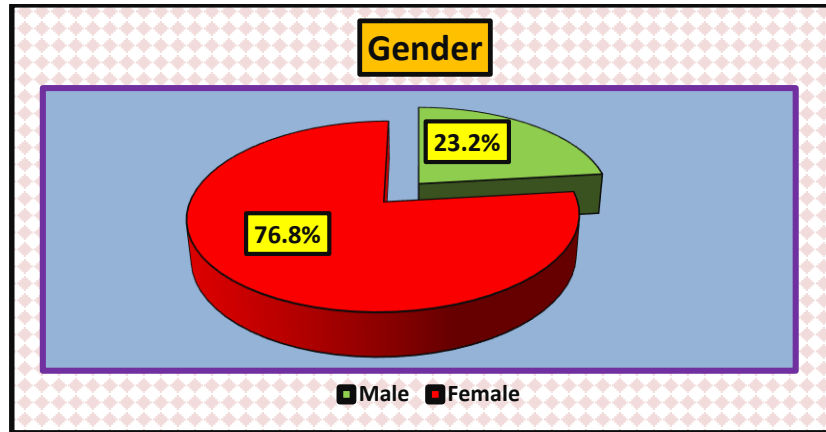


Figure (1): Percentage distribution of the studied nursing personnel regarding their gender (n= 155)

Fig (1): Shows that, 76.8% of the studied nursing personnel were a female with a male to female ratio= 0.3:1.

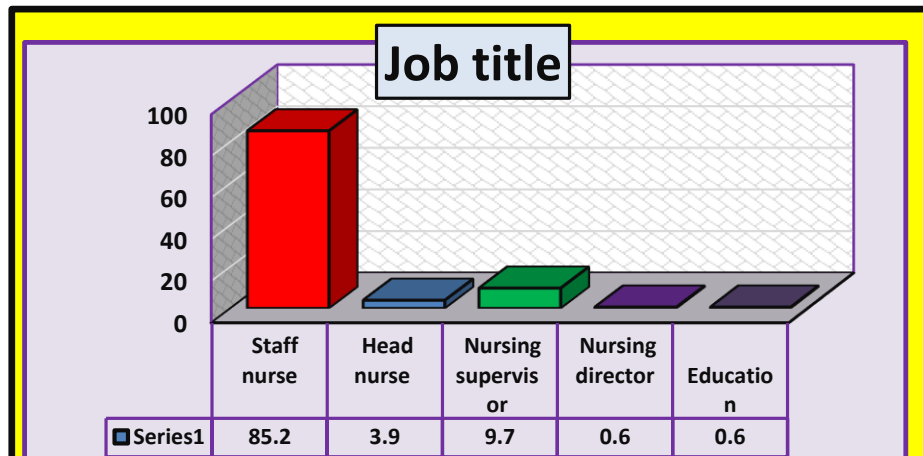


Figure (2): Percentage distribution of the studied nursing personnel regarding their job title (n= 155)

Fig (2): shows that, 85.2% of the studied nursing personnel were a staff nurse. While, 0.6% of them were nursing director and education

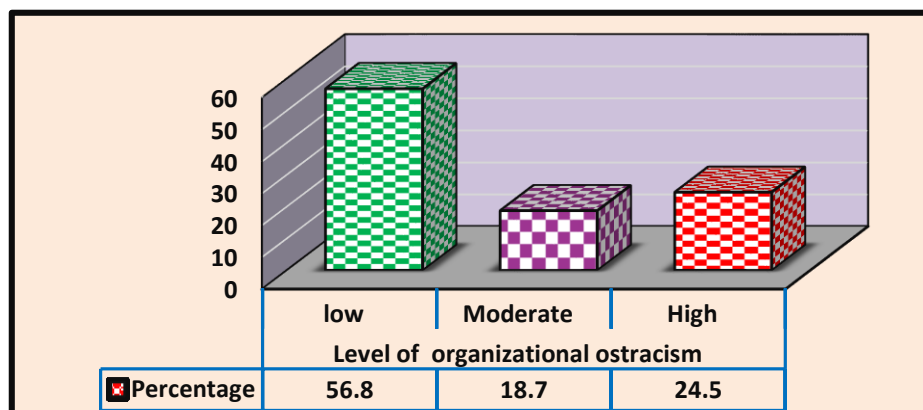


Figure (3): Total level of organizational ostracism among the studied nursing personnel (n= 155)

Fig (3) states total level of organizational ostracism among the studied nursing personnel, 56.8% of the studied nursing personnel have a low level of organizational ostracism, while, 18.7% of them have a moderate level

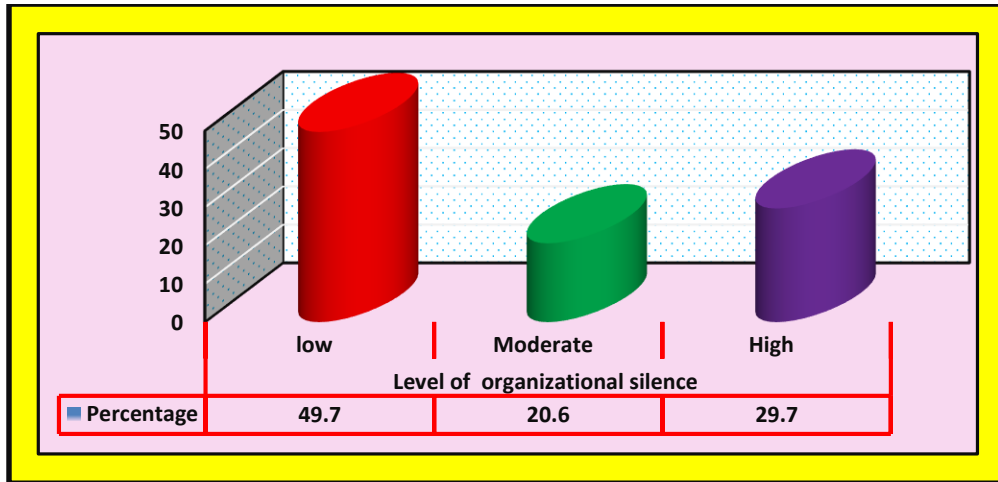


Figure (4): Total level of organizational silence among the studied nursing personnel (n= 155)

Fig (4) states total level of organizational silence among the studied nursing personnel. 49.7% of the studied nursing personnel have a low level of organizational silence, while, 20.6% of nursing personnel have a moderate level.

Table (2): Relation between level of organizational ostracism, personal characteristics and job characteristics among the studied nursing personnel (n= 155)

Personal characteristics		No.	Level of organizational ostracism						χ^2	P-Value
			Low		Moderate		High			
			88	56.8	29	18.7	38	24.5		
			No	%	No	%	No	%		
Gender	Male	36	24	15.5	8	5.2	4	2.6	4.5	0.103
	Female	119	64	41.3	21	13.5	34	21.9		
Age in year	20 < 30	74	15	9.7	26	16.8	33	21.3	78.2	0.000* *
	30 < 40	56	52	33.5	1	0.6	3	1.9		
	40 < 50	20	16	10.3	2	1.3	2	1.3		
	50 ≤ 60	5	5	3.2	0	0.0	0	0.0		
Years of experience	1 < 5	66	12	7.7	26	16.8	28	18.1	73.8	0.000* *
	5 < 10	40	34	21.9	3	1.9	3	1.9		
	10 < 15	21	17	11.0	0	0.0	4	2.6		
	15 < 20	10	8	5.2	0	0.0	2	1.3		
	≥ 20	18	17	11.0	0	0.0	1	0.6		
Nursing qualification	Diploma	33	2	1.3	3	1.9	28	18.1	112	0.000* *
	Technical	65	33	21.3	24	15.5	8	5.2		
	Bachelor	52	48	31.0	2	1.3	2	1.3		
	Master	4	4	2.6	0	0.0	0	0.0		

	Doctorate	1	1	0.6	0	0.0	0	0.0		
Current position	Staff nurse	132	71	45.8	27	17.4	34	21.9	5.6	0.688
	Head nurse	6	3	1.9	1	0.6	2	1.3		
	Supervisor	15	12	7.7	1	0.6	2	1.3		
	Director	1	1	0.6	0	0.0	0	0.0		
	Education	1	1	0.6	0	0.0	0	0.0		
Marital status	Single	56	28	18.1	14	9.0	14	9.0	4.9	0.546
	Married	83	51	32.9	14	9.0	18	11.6		
	Widow	13	7	4.5	1	0.6	5	3.2		
	Divorced	3	2	1.3	0	0.0	1	0.6		
Working department	In-patient	33	20	12.9	4	2.6	9	5.8	30.7	0.000* * 0.000* *
	Out-patient	16	8	5.2	2	1.3	6	3.9		
	Dialysis	17	2	1.3	2	1.3	13	8.4		
	Critical care unite	68	33	21.3	22	14.2	13	8.4	97.1	
	OR	21	14	9.0	2	1.3	5	3.2		
Salary	Sufficient	70	65	41.9	5	3.2	0	0.0	97.1	0.000* *
	In-sufficient	85	12	7.7	27	17.4	46	29.7		

Significant $p < 0.05$

**Highly significant $p < 0.01$

Table (2): clarifies that, there was a statistically significant difference relation between personal characteristics (age, years of experience, nursing qualification, working department and salary) and level of organizational ostracism among the studied nursing personnel, at $P \leq 0.01$.

Meanwhile, there was no statistically significant difference relation between gender, Marital status with organizational ostracism among nursing personnel at $P = (0.103 \text{ \& } 0.54)$.

Table (3): Relation between level of organizational silence, personal characteristics and job characteristics among the studied nursing personnel ($n= 155$).

Personal characteristics		No.	Level of organizational silence						χ^2	P-Value
			Low		Moderate		High			
			77	49.7	32	20.6	46	29.7		
			No	%	No	%	No	%		
Gender	Male	36	20	12.9	10	6.5	6	3.9	4.1	0.125
	Female	119	57	36.8	22	14.2	40	25.8		
Age in year	20 < 30	74	5	3.2	28	18.1	41	26.5	105	0.000**
	30 < 40	56	51	32.9	2	1.3	3	1.9		
	40 < 50	20	16	10.3	2	1.3	2	1.3		
	50 ≤ 60	5	5	3.2	0	0.0	0	0.0		
Years of experience	1 < 5 years	66	4	2.6	26	16.8	36	23.2	91.7	0.000**
	5 < 10	40	31	20.0	6	3.9	3	1.9		
	10 < 15	21	17	11.0	0	0.0	4	2.6		
	15 < 20	10	8	5.2	0	0.0	2	1.3		
	≥ 20	18	17	11.0	0	0.0	1	0.6		
Nursing qualification	Diploma	33	2	1.3	3	1.9	28	18.1	109	0.000**
	Technical	65	22	14.2	27	17.4	16	10.3		

	Bachelor	52	48	31.0	2	1.3	2	1.3		
	Master	4	4	2.6	0	0.0	0	0.0		
	Doctorate	1	1	0.6	0	0.0	0	0.0		
Job title	Staff nurse	132	60	38.7	30	19.4	42	27.1	8.6	0.000**
	Head nurse	6	3	1.9	1	0.6	2	1.3		
	Supervisor	15	12	7.7	1	0.6	2	1.3		
	Director	1	1	0.6	0	0.0	0	0.0		
	Education	1	1	0.6	0	0.0	0	0.0		
Marital status	Single	56	26	16.8	12	7.7	18	11.6	2.9	0.809
	Married	83	42	27.1	19	12.3	22	14.2		
	Widow	13	7	4.5	1	0.6	5	3.2		
	Divorced	3	2	1.3	0	0.0	1	0.6		
Working department	In-patient	33	20	12.9	4	2.6	9	5.8	30.7	0.000**
	Out-patient	16	8	5.2	2	1.3	6	3.9		
	Dialysis	17	2	1.3	2	1.3	13	8.4		
	Critical care unite	68	33	21.3	22	14.2	13	8.4		
	OR	21	14	9.0	2	1.3	5	3.2		
Salary	Sufficient	70	65	41.9	5	3.2	0	0.0	97.1	0.000**
	In-sufficient	85	12	7.7	27	17.4	46	29.7		

Significant $p < 0.05$

**Highly significant $p < 0.01$

Table (3): represents that, there was a statistically significant difference relation between personal characteristics (age, years of experience, nursing qualification, job title, working department and salary) and level of organizational silence among the studied nursing personnel, at $P \leq 0.01$



Figure (5): Scatter dot correlation between organizational silence and organizational ostracism among the studied nursing personnel (n= 155)

Fig (5): reveals scatter dot correlation between organizational silence and organizational ostracism among the studied nursing personnel. illustrates that there was a highly statistically significant positive strong correlation between organizational silence and organizational ostracism among the studied nursing personnel at $r = 0.991$ & $P = 0.000$.

X. Discussion

Organizational ostracism represents a situation in which a person is intentionally excluded or ignored by others. Ostracism is often overlooked in the healthcare professions. This phenomenon is quite common in healthcare and may weaken the quality of care of patients. Therefore, when nursing personnel are ostracized by their colleagues, nurses start to feel helplessness, dejection, alienation and unworthiness (*El-Guindy et al., 2022, Qi et al., 2020 and Shafique et al., 2020*)

Organizational Silence in healthcare involves not elevating concerns up the organizational hierarchy to people who can act on it and can take a number of forms including being silent about patient safety concerns, ethical issues, discrimination issues, inappropriate supervisor behavior, neglected care, and lack of resources. Silence in healthcare has been related to concealing personal errors and covering errors made by other as well as reduced patient safety (*Montgomery et al., 2022*)

Regarding personnel characteristics data, the current study findings were revealed that, more than three quarter of nursing personnel were female, less than half of them were aged between 20-30years old, holding a certificate of a technical nursing institute and had from 1<5 years of working experience. In addition, more than half of them were married.

The present study findings were in the same line with the study by **Mohammed et al., (2023)** who conducted the study in Egypt about "Relation between Nurses Workplace Ostracism and their Organizational Commitment" and who found that the majority of nurses were females and less than half <5 years of working experience.

Also, the current study results were matched with the study by **Reda & Rabea, (2023)** who conducted the study in Egypt "Relationship between Nurses' Workplace Ostracism, Harmony and Compassionate Goal at Main Mansoura University Hospital" and who showed that, less than half of staff nurses aged from 20- 30 years and less than half of them have experience of (1-5) years

The current study findings were found that less than half of the studied nursing personnel working in critical care unite and more than half of them had in-sufficient salary. These results might be due to majority of nursing personnel prefers working in critical care unites as it is a great place to learn many skills. The present study results were in the same line with the study by **Mohammed et al., (2023)** who conducted the study in Egypt about "Relation between Nurses' Workplace Ostracism and their Organizational Commitment" and who found that, less than half of nurses were working in critical care units.

The present study findings were in disagreement with the study by **El-Gundi et al., (2022)** who conducted the study in Egypt about "Incivility and Ostracism in the Workplace among staff nurses and its relation to the quality of care" and who observed that less than half of staff nurses were working at medical units

Concerning job title of studied nursing personnel, the result of present study was stated that the majority of the studied nursing personnel were a staff nurse. While, the minority of them were nursing director

and education. These findings might be related to nursing staff is the one who serves the patient and hospital need a nursing staff for every patient and this normally due to there would be more staff nurses at unite and just one director and education for all hospital unites

The current study results in the same line with the study by **Elhanafy & Ebrahim (2022)** which conducted in Egypt "The Influence of Workplace Ostracism and Organizational Cynicism on Organizational Silence among Nursing Staff" and who revealed that, majority of studied subjects were staff nurses.

Regarding organizational ostracism, the present study findings were found that, more than half of nursing personnel had a low level of total organizational ostracism, while, the minority of them had a moderate level. From the researcher point of view, the results could be related to organizational culture may affect negatively on nursing personnel as organization doesn't prioritize inclusivity, diversity, different culture of organization, past complain that still unresolved and ongoing tension.

The current study results were in harmony with the study by **El-Gundi et al., (2022)** who conducted the study in Egypt about "Incivility and Ostracism in the Workplace among staff nurses and its relation to the quality of care" and who found that more than half of staff nurses had a low level of organizational ostracism. Also, the present study results were in the same line with **Zahid et al., (2021)** entitled "Workplace Ostracism on Work Productive Behavior of Employees with Mediating Effect of Emotional Intelligence" and who reported that, more than half of the staff nurses studied had a low level of organizational ostracism

On the other hand, the study findings were in opposite line with the study by **Ahmed & Mahmoud (2020)** who conducted the study in Egypt about "Workplace Ostracism and Counterproductive Work Behaviors among Nurses" and who found that more than half of studied nurses had moderate level of workplace ostracism, the minority of them had high level. While, less than one quarter of nurses had low workplace ostracism.

Regarding total level of organizational silence, the present study findings were stated that, less than half of the studied nursing personnel had a low level of organizational silence, while, less than one quarter of them had a high level. From the researcher point, these results might be due to subordinates being more sensitive to the risks of talking more than the benefits, believing that talking about work problems might deprive them of their jobs or upgrade to higher positions within the organization, avoiding disagreements with others, lack of management support, fear of breaking their relationships with their colleagues, avoiding potential conflict that may escalate and fear of being ignored.

The study findings were in agreement with the study by **Abdou et al., (2022)** who conducted the study in Egypt about "Organizational Silence as Perceived by Staff Nurses and its Relation to their Self Efficacy" and who stated that, more than half of the nurses studied exhibited a high level of organizational silence. Additionally, over one quarter of them had a low level of organizational silence. Also, the study results in the same line with the study by **Mousa et al., (2023)** who conducted the study in Egypt about "The Relation Between Organizational Silence and Organizational Learning among Nurses" and represented that, the minority of staff nurses had a high level of organizational silence.

The current study findings were in disagreement with the study by **Sobhy et al., (2023)** who conducted the study in Egypt about "Efficiency of Acceptance and Commitment Based Nursing Intervention on Workplace Ostracism, Organizational Silence and Psychological Distress among Nurses" and who found that, nurses exhibited a moderate level of total organizational silence in the study setting

The present study results were revealed that, there was a statistically significant difference between personal characteristics (age, years of experience, working department, salary and nursing qualification) and level of organizational ostracism among the studied nursing personnel. Meanwhile, there was no statically significant difference between gender, Martial status with organizational ostracism among nursing personnel. From the researcher point of view, these findings could be due to younger nursing personnel don't have many years of experience in skills and Patrice for coping with patient and their supervisors and make them receiving ostracism. Also, nurses who work in critical care unite cope with patients in the end stages of illness and this exposure staff to more pressure than their collages in other departments without increasing in their salary. In addition, Nurses who graduated from a nursing technical institute receive a lower salary than those who graduated with a bachelor's degree, even though they work in equal duties

The current study results were in agreement with the study by **El-Gundi et al., (2022)** who conducted the study in Egypt about "Incivility and Ostracism in the Workplace among staff nurses and its relation to the quality of care" and who displayed that, there was a significant relation between nursing staff workplace ostracism and working department. On the other hand, the current study results were in opposite line with the study by **Youssef & Mohamed (2022)** who conducted the study in Egypt about "The Influence of Workplace Ostracism and Organizational Cynicism on Organizational Silence among Nursing Staff" and who displayed that, there was no statistically significant difference between ages, gender, job position, level of education and years of experience in relation to total workplace ostracism

The current study results were represented that, there was a statistically significant relation between personal characteristics (years of experience, nursing qualification, job title, working department, salary) and level of organizational silence among the studied nursing personnel. However, there was no statically significant between age and organizational silence among nursing personnel. These results might be due to policy of the organization prevents staff from talking about the organization's problems. In an organization without feedback mechanisms, mistakes turn into a mechanism for carrying out activities or become more severe

The current study results in agreement with the study by **Yang et al., (2022)** who conducted the study in China about "Organizational Silence among Hospital Nurses in China: A Cross- Sectional Study" and demonstrated that educational status, years of experience, and marital status had significant effects on organizational silence level. Also, The present study results were in harmony with the study by **She et al., (2023)** who conducted the study in china about " Effect of Ethical Leadership on Nurses' Organizational Silence: The Mediating Role of Organizational Justice" and who found that, there was a statistically significant relation between job characteristics (working department and salary) and level of organizational silence among the studied nursing personnel.

On the other hand, the current study results contradicted with the study by **Mousa et al., (2023)** who conducted the study in Egypt about "The Relation Between Organizational Silence and Organizational Learning among Nurses" and who represented that, there was a highly statistically significant difference between total organizational silence among nurses and the age of studied participants.

The current study results were positive strong correlation with a highly statistically significant difference between organizational silence and organizational ostracism among the studied nursing personnel. From the researcher point of view, these results might be due to organizational ostracism has negative consequences such as decreasing nurses' satisfaction, inhibition mental health, minimizing motivation, losing pride, fear, distrust, discomfort, loneliness and destroying a person's abilities to establish or continue positive

interpersonal relations. so, the employee prefers to be silent and not express about his/her feelings, thoughts and disengagement in work related issues

The current study results were matched with the study by **Mamdouh et al., (2024)** who conducted the study in Egypt about "Relation between Work place Ostracism and Organizational Silence among Nurses" and who revealed that, there were highly statistically significant positive correlations between workplace ostracism and organizational silence. Furthermore, these results were aligned with the study by **Khalid et al., (2020)** who conducted the study in Pakistan about "the impact of workplace ostracism on knowledge hoarding: mediating role of defensive silence and moderating role of experiential avoidance" and who found that there are statistically significant positive correlations between workplace ostracism and organizational silence

XI. Conclusion

Based on findings of the current study; it can be concluded that: more than half of the studied nursing personnel had a low level of organizational ostracism. Also, less than half of them had a high level of organizational silence. Furthermore, there were a highly statistically significant positive correlations between workplace ostracism and organizational silence with P value (0.000).

XII. Recommendations

Based on the study results, the following recommendations can be given:

At nursing personnel level:

- Foster a supportive environment that values open communication, collaboration, and innovation among nursing personnel
- Providing adequate recognition to nurses for their contributions to patient care
- Give reasonable feedback to nurses' opinions, suggestions and complaints

At the organizational level:

- Creating policies and procedures to reduce the occurrence of ostracism
- Encourage a culture of inclusion where diversity is valued and all employees feel a sense of belonging. This can be achieved through diversity training
- Giving equal opportunities for everyone to include in team discussions and activates

At the further research:

- Replicate the study on large sample size and on governmental and private healthcare settings to explore the long-term effects of organizational ostracism and silence
- Explore the effect of inclusive environment on nursing personnel for eliminating ostracism and silence
- Investigate the impact of ostracism and silence behaviors and its effecting on healthcare and community

References:

Abdou, R., Hassan, H., and Badran, F. (2022). organizational silence as perceived by staff nurses and its relation to their self-efficacy from (Owner., 2014). Egyptian journal of health care.13 (4). P 1419.
https://ejhc.journals.ekb.eg/article_287190_5ce75348c922202875ff93f1486af5455ce75348c922202875ff93f1486af545.pdf

- Ahmed, S. & Mahmoud, N. (2020).** Workplace Ostracism and Counterproductive Work Behaviours among Nurses. Egyptian Journal of Health Care. 11(2020).p 3. https://ejhc.journals.ekb.eg/article_166531_c6bde24dc6da2fab783928ab8fd1f3ae.pdf
- Bonifacio, R. (2024).** The impact of workplace ostracism on employees. A personal tour of Shift base review.1. <https://www.shiftbase.com/glossary/workplace-ostracism>
- Chandra, B., Kumar, S., Kumar, L., Wilson, A. (2023).** Workplace ostracism and organizational change cynicism: moderating role of emotional intelligence. JOURNAL OF ASIA BUSINESS STUDIES. 17 (3). P 524-538. [http://dx.doi.org/10.1108/JABS-12-2021-0499"0499](http://dx.doi.org/10.1108/JABS-12-2021-0499)
- El-Guindy, H., Mohamed, N., Ahmed, F., Mohamed, 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),p 1406–1420 https://ejhc.journals.ekb.eg/article_227160_87c47f026150e2683ed67d6c2fceca91.pdf
- Elhanafy, Y. & Ebrahim, M. (2022).** The influence of workplace ostracism and organizational cynicism on organizational silence among nursing staff from (Feriss D, Berry J, Lian H., 2008). Tanta scientific nursing journal 25(2),p 225 <https://www.researchgate.net/publication/360759310>
- Hao, L., Zhu, H., He, Y., Duan, J. (2022).** When Is Silence Golden? A Meta-analysis on Antecedents and Outcomes of Employee Silence. Journal of Business and psychology.37(5). P 1-25 [7. http://dx.doi.org/HYPERLINK](http://dx.doi.org/HYPERLINK)
- Jahan, T. & Yadav, A. (2024).** The Impact of Employee Silence on Healthcare and Wellbeing in Sustainable Communities. International journal of research publication and reviews.5(9). p 3199-3202. <https://doi.org/10.55248/gengpi.5.0924.2673>
- Khalid, B., Iqbal, R., Danial, S. (2020).** Impact of workplace ostracism on knowledge hoarding: mediating role of defensive silence and moderating role of experiential avoidance. Future Business journal. 6 (1). p6-39. <http://dx.doi.org/10.1186/s43093-020-00045-6>
- Lee, w. & Jang, L. (2023).** Effect of Nurses' Professionalism, Work Environment, and Communication with Health Professionals on Patient Safety Culture (AHRQ 2.0): A Cross-Sectional Multicenter Study. Journal of Nursing Management.10(1155). p11 <https://doi.org/10.1155/2023/1591128>
- Lionello, M., Aletta, F., Mitchell, A., & Kang, J. (2021).** Introducing a method for intervals correction on multiple Likert scales: A case study on an urban soundscape data collection instrument. Frontiers in psychology, 11(602831).p1-18. <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.602831/full>
- Mamdouh, N., Mahmoud, F., Mahdy, N. (2024).** Relation between Work place Ostracism and Organizational Silence among Nurses. Zigzag Nursing Journal. 20(2). p127-143. https://znj.journals.ekb.eg/article_378088.html
- Malkewitz, C. P., Schwall, P., Meesters, C., & Hardt, J. (2023).** Estimating reliability: A comparison of Cronbach's α , McDonald's ω and the greatest lower bound. Social Sciences & Humanities Open, 7(1), p100368. <https://doi.org/10.1016/j.ssaho.2022.100368>
- Mohammed, W., kamal, H., Abou Shaheen, R (2023).** Relation between Nurses Workplace Ostracism and their Organizational Commitment. Tanta Scientific Nursing Journal. 31 (2314 – 5595). p4. <https://doi.org/10.21608/tsnj.2023.328849>
- Montgomery, A., Lainidi, O., Johnson, J orcid., (2023).** Employee silence in health care: Charting new avenues for leadership and management. Health Care Management Review. 48 (1). p52-60. <https://pubmed.ncbi.nlm.nih.gov/35713571/>
- Mousa, M., Abdelgaffar, H., Aboramadan, M., Chaouali, W (2020).** Narcissistic Leadership, Employee Silence, and Organizational Cynicism: A Study of Physicians in Egyptian Public Hospitals. International Journal of Public Administration. 44(15).p2. <https://www.tandfonline.com/loi/lpadHYPERLINK>



- Özisli, o. (2022).** THE EFFECT OF WORKPLACE OSTRACISM ON ORGANIZATIONAL SILENCE AND WORKPLACE LONELINESS A STUDY ON HEALTHCARE WORKERS. *international journal of health service research and policy*.7(3). p300-308 <https://doi.org/10.33457/ijhsrp.1131522>
- Qi, L., Cai, D., Liu, B., Feng, T. (2020).** Effect of workplace ostracism on emotional exhaustion and unethical among Chinese nurses: A time-lagged three-wave survey. *Journal of Advanced Nursing*. 76(8). p 2094-2103. <https://pubmed.ncbi.nlm.nih.gov/32347558/>
- Reda, H., & Rabea, H. (2023).** Relationship between Nurses' Workplace Ostracism, Harmony and Compassionate Goal at Main Mansoura University Hospital. *Mansoura Nursing Journal*. 10 (2735 – 4121) (2735 – 413),p1. https://mnj.journals.ekb.eg/article_322071_2a1c2e69a3a80bea143457ab00ca9834.pdf
- Shafique, I., Qammar, A., Nawaz, M., Ahmad, B., Mushtaq, A. (2020).** Workplace ostracism and deviant behaviour among nurses: a parallel mediation model. *journal of ASIA business students*.15 (1558-7894). p50-71. <http://dx.doi.org/10.1108/JABS-03-2020-0096>
- She, J., Zhang, R., Li, Y., Mei, Y., Li, H. (2023).** Effect of Ethical Leadership on Nurses' Organizational Silence: The Mediating Role of Organizational Justice. *Journal of Nursing Management*. 2023(9929435). P1-10. <https://doi.org/10.1155/2023/9929435%229929435%229929435>
- Sobhy, R., Fawzi, D., Roushdy, S., Sobhy, N. (2023).** Efficiency of Acceptance and Commitment Based Nursing Intervention on Workplace Ostracism, Organizational Silence and Psychological Distress among Nurses. *Tanta scientific nursing journal*. 31 (4). P 222-244. <https://doi.org/10.21608/tsnj.2023.328820>
- Song, X., & Guo, S., (2022).** The Impact of Negative Workplace Gossip on Employees' Organizational Self-Esteem in a Differential Atmosphere. *ORIGINAL RESEARCH article*.13(2022). p1-13 <https://doi.org/10.3389/fpsyg.2022.854520>
- Yang, J., Yang, H., Wang, B. (2022).** Organizational Silence among Hospital Nurses in China: A Cross-Sectional Study. *Hindawi Biomed Research International*.2022(9138644). P 2. <https://doi.org/10.1155/2022/9138644>
- Youssef, E. & Mohamed, R. (2021).** The study of the influence of workplace ostracism and organizational cynicism on organizational silence among nursing staff. *Tanta scientific Nursing journal*.25(2). P 221. <https://www.researchgate.net/publication/360759310>
- Zahid, A., Rehman, S., Rafiq, M., Mehmood, S. (2021).** Workplace Ostracism on Work Productive Behavior of Employees with Mediating Effect of Emotional Intelligence. *Review of Applied Management and Social Sciences*.4(1). p 45-62. <https://doi.org/10.47067/ramss.v4i1.97>
- Zohra, B. & Sabrina, K. (2022).** Organizational silence (Basic concepts and its effects). *International Journal of Economic Performance*. 5 (2). P34-47. <https://www.asjp.cerist.dz/en/article/206510%206510>