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Relation between Work place Ostracism and Quality of care among Nurses

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Abstract: Background: poor working environment nurtures a culture of negative social interactions as work place ostracismin,the work place mistreatment one of factors that lead to negative work behaviors as ostracism which arise conflict, reduce satisfaction,low productivity and reduce quality of care.Aim of the study: To assess the relation between work place ostracism and quality of care.Research design:A descriptive correlational study design was used to achieve the aim of this study. Subjects: proportionate stratified random sample was selected from nurses (n= 375). Tool of data collection: Two tools were used for collecting data. Tool (I). Work place ostracism scale. Tool (II): quality of nursing care scale. Results: Nearly half of the studied nurses (49.9%) had a high perception level of work place ostracism, while slightly half of them (46.9%) had a high perception level of organizational silence. Conclusion: there was statistically significant negative correlation between work place ostracism and quality of care. Recommendation: Identify eary any unreasonable behaviors and situations that increase the risk of work place ostracism behaviors and implement control measures to manage the risk and enhance quality of care.
Keywords: *work place ostracism, quality of care, Nurses.*

Introduction

The health care environment is a sector of intense and continuous interpersonal contact, where service displayed depends greatly upon the satisfactory interaction, communication, and team work of different members of the organization. However many factors may lead to deliberately troubling interpersonal relationships with co-workers through actions such as avoiding contact with them at work or "repeatedly and intentionally not replying to someone who attempts to converse". One of them is workplace ostracism **(Basuny, 2024)**.

Ostracism is a form of social exclusion that includes being ignored or denied by others. In fact, ostracism decreases the social engagement of individuals. Workplace ostracism exerts adverse impacts on individuals experiencing this issue. Moreover, ostracism leads to the emotional feeling of pain. An ostracized individual reacts in a way to decrease this pain, ostracized nurses have lower tendencies to be involved in legitimate or beneficial behaviors (***Elhanafy, 2022).***

Negative consequences of ostracism include negative emotions such as anger or discomfort, loneliness, lack of participation in group tasks, social anxiety, depression, low self-esteem, decreased desire for future communication with the group or organization and decreased organizational commitment and citizenship behaviors. Therefore, ostracism weakens teamwork and decreases the tendency of individuals to form work groups group **(Wesselmann, 2021).**

Ostracism is a prevalent phenomenon amongst nursing professionals who always need quality interaction to perform jobs effectively. Therefore, when nurses ostracized by colleagues, nurses start to feel helplessness, dejection, alienation, and unworthiness, which ultimately lead to counterproductive work behaviors. Ostracism negatively affects the attitudes of victims which in turn results in negative behavioral outcomes (i.e. deviant behavior), being ostracized by colleagues at work promotes interpersonal deviant behavior and discourages helping **(Bedi, 2021)**

There are two main causes of work place ostracism; internal and external causes: The internal cause of occupational ostracism is the impact of personality based on the role identity theory, when nurses enter a new organizational environment, roles will often change accordingly, so that can interact with the matched roles to determine own role positioning **(Cheng ,2022)**. The external cause of organizational workplace ostracism is organizational climate, it is formed by long-term accumulation of the organization, which has the nature of continuity and can be perceived by nurses **(Xing, 2022).**

According to **Takhsha (2020) and Hsieh (2019)** there are different types of work place ostracism: language-based ostracism, social ostracism and task ostracism. Language based ostracism. Its a type of ostracism, which occurs when two or several nurses' talks with a language that cannot be comprehended by others, may either be purposeful when actors intentionally hurt others, while in non-purposeful ostracism actors unintentionally exhibit the actions that hurt, while social ostracism is defined as being ignored and rejected by another person or group despite the desire of the rejected nurses to communicate.Because of the need to be part of a group, ostracism is sad and not pleasant, ostracized behavior in the workplace includes limitation of necessary knowledge, avoidance of speech and eyecontact, and indifference **(Yang, 2023)**.Task ostracism means not engaging a co-worker in taskrelated interactions, not inviting a co-worker to project meetings, ostracism is a dark phenomenon within organizations that affects workplace behaviors **(Sharma, 2022).**

Ostracism in the workplace have negative outcomes as experienced by an individual, have an impact on work effectiveness and therefore on the organization,such negative outcomes of workplace ostracism at the individual level are likely to have a severe impact on the overall work climate and general productivity **(Choi, 2020).**

Exposure to workplace exclusion and rejection may produce paradoxical motives that lead to either antisocial or prosocial responses. On the one hand, ostracized workers exhibit counter productive behaviors, decreased work performance, decreased citizenship behavior at work, a greater tendency to withhold interpersonal citizenship behavior and greater engagement in interpersonally harmful behaviors such as slander, verbal abuse, and an unwillingness to help co-workers **(Han etal, 2022).**

The reasons such as cannot be postponed and all kinds of results have reflected the patient of the work in the health sector, the relationships between the nurse behaviors and the individuals in the workplace become increasingly important, because these behaviors negatively affect the individual's work performance and lower quality of care **(El-Guindy,2022).**

Quality is a challenging perception, the greatest vital description of a quality service one that encounters the expectation of the client , So that patient perception regarding quality is an important factor for successful healthcare process and overall organization due to the role played in achievement of patient satisfaction and increasing hospital Productivity **(El-Sayed,2022).**

The concept of quality of care has been a topic of debate among the members of the scientific community for many years, as it has been associated with various dimensions of healthcare, such as interpersonal and technical aspects of care, patient outcomes, structure, processes, and the setting of quality standards.Furthermore, patient satisfaction, safety, person-centred care, staff competency, and patient

involvement in decision-making are some of the indicators of a high quality of care in clinical settings **(Stavropoulou etal, 2022).**

Quality care is the degree to which health services increase the likelihood of a desired health outcome. It's about creating individualized plans for each patient and treating the person, not just the disease in a high value way, starts with a trusting relationship between the patient and the provider, mean caring for an acute need. Quality of care is a crucial concept in healthcare that encompasses the extent to which health services provided to individuals and patient populations improve desired health outcomes **(Moynihan etal,2021).**

The quality of care comprises six main components: effectiveness, safety, people-centeredness, timeliness, efficiency, and equity. These elements ensure that healthcare services are evidence-based, minimize patient harm, prioritize individual needs, provide timely care, optimize resource use, and offer consistent care to all patients, regardless of background. By focusing on these components, healthcare providers and systems can deliver better health outcomes, increased patient satisfaction, and reduced healthcare costs. Each domain has a vital role in the overall quality of care **(Lachman,2020).**

To provide quality nursing care, nurses should be knowledgeable and skillful in inpatient care.Patients necessitate nurses to embrace certain characteristics (e.g., empathy, kindness, and caring) as some indicators of quality nursing care. However, measuring the quality of nursing care is not only about nurses' performance but also about how nursing is organized and delivered within healthcare institutions. A good workplace environment of nurses improves patient centered care delivery. In addition, patients are also satisfied with the care delivered if there is an interdisciplinary collaboration between nurses and other healthcare professionals **(Alshehry et al., 2019).**

Significance of the study:

Nurse stress has been receiving attention for decades, yet there is a research gap on the role of workplace ostracism as an antecedent of stress for nurses. Ostracism refers to the extent to which an individual perceives as ignored or excluded by others **(Aliza etal, 2022)**.It had a significant negative impact on out-role performance, and organizational identification and job involvement. Nurses psychological pressure including work tense, emotional exhaustion, and depression, and these pressures could affect work, family, and health, such as job satisfaction ,work conflict and reduce quality of care **(Karkar,2023)**.To assure quality and to promote a culture of safety, health care organizations must recognize and manage the problem of behaviors that threaten the performance of the health care team. So the aim of study is to asses the relation between work place ostracism and quality of care.

Aim of the study: This study aims to assess the relation between work place ostracism and quality of care .

Research Questions:

- What is the perception level of the workplace ostracism among nurses?
- What's the nurses perception about quality of nursing care?
- What is the relationship between work place ostracism and quality of care?

Subjects and methods:

Research design:

A descriptive correlational study design was used **(Grove etal, 2015).**

Study setting:

The present study was conducted at Zagazig University Hospitals, Al-sharqia Governorate , Egypt, which include two sectors, namely; the Emergency sector includes four hospitals and El-Salam sector includes two Hospitals .

Study subjects: A proportionate stratified random sample, where a population divides into strata and then the random sample is taken from each strata in proportion to its size **Polit et al. (2010).** The total population size is 2770 nurses working in the setting of the study, Sample size was calculated using a simplified formula (n=N/1+N(e)2 which provided by **Yamane (1967)** A 95% confidence level and P =0.05 are assumed for Equation. Where "n‟ is sample size. "N‟ is Number of population (total number of nurses in all hospitals). "e‟ is Coefficient factor = 0.05. Then, the required number of nurses from each hospital was calculated with the

following formula (number of nurses in each hospital × required sample size / total number of nurses in all hospitals. Accordingly sample size of nurses was 375.

Tools of data collection:

Two tools were used to collect necessary data.

Tool I: Work place ostracism scale: it consists of two parts:

Part I: Personal characteristics of nurses, which include the data about characteristics of the nurses such as age, gender, years of experience and educational qualifications.

Part II: Work place ostracism scale (WOS) It was developed by **Ferris et al (2008)**.to assess nurses' perceptions level of workplace ostracism it consists of 10-items scale.

Scoring system:

The responses of nurses to the scale related to frequency of work place ostracism measured on a three- point Likert scale ranging from (1 – 3) Where: (, 3=disagree, 2=Natural,3=agree).The perception level of nurses toward work place ostracism was considered: High if the score was >75% ,Moderate if the score was from 60 to 75 and Low if the score was <60%.

Tool II:II:Quality of Nursing Care Scale(QNC) : It was developed by **Martins et al, (2016).** To assess the perception of nurses regarding activities that represent quality of nursing care, includes 25 items,the scale is composed of six categories, namely "health promotion, prevention of complication, wellbeing, and self-care, functional readaptation,nursing care organization, and responsibility and rigor."

Scoring system:

Response to scale which are rated using a four-point Likert scale (1 = never, 2= rarely, 3 = often and 4 = always). . The perception level of nurses toward quality of care was considered : High if the score was >70%,Moderate if the score was 50 -70,Low if the score was <50%**.** .

Content validity& Reliability:

The questionnaire was translated into Arabic; and then content and face validity were established by a panel of five experts at the faculty of nursing, zagazig university. Experts were requested to express their opinions and comments on the tool and provide any suggestions for any additions or omissions of items. According to their opinions, all recommended modifications were performed by the researcher.

Reliability analysis for tools were tested for reliability using the Cronbach's Alpha Coefficient factor test to determine the internal consistency of each scale, Cronbach alpha was 0.85 for work place ostracism and 0.82 for quality of care.

Field work

The collection phase lasted for 3months during the period from the beginning of July 2023 to the end of September 2023.

- The first phase of the work is a preparatory phase that is done by the meeting with head units after obtaining the official permission, to clarify the objective of the study and applied methodology.
- The second phase was done by meeting the study sample, each nurse was met individually, got a full explanation about the aim of the study, and was invited to participate. The nurse who gave his /her verbal informed consent to participate was handed the selfadministrated questionnaire and was instructed during the filling.

The data were collected in the morning shift and afternoon shifts, the time used for the fulfillment of the self-administrated questionnaire ranged between 20- 30 minutes for each nurse according to the nurse's physical and mental readiness.

Pilot study:

A pilot study was carried out on 10 % of study subjects (37nurses) to test applicability, feasibility, practicability of the tools. In addition, to estimate the time required for filling in the questionnaire sheets. The pilot study was conducted one week before collection of data and staff nurses were selected randomly and they were excluded from the main study sample.

Administrative and ethical considerations:

The study was approved by ethics committee and dean of the Faculty of Nursing, Zagazig University (M. D. Zu. N. u R/188/13/6/2023).Then, a letter containing the aim of the study was directed from the faculty of nursing to the medical and nursing administration of the zagazig university hospitals requesting their approval and cooperation for data collection. Consent was established with the completion of the questionnaires. As well, verbal explanation of the nature and aim of the study had been explained to staff nurses included in the study sample.Staff nurses were given an opportunity to refuse or to participate, and they were assured that the information would be used confidentially for the research purpose only.Official permissions were obtained from the dean of the Faculty of Nursing Zagazig University, and approval to conduct the study was obtained from the medical and nursing directors of the each hospital after explaining the nature of the study.

Statistical analysis:

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square is a statistical test that examines the differences between qualitative data. Linear regression analysis is used to predict the value of a variable based on the value of another variable

Significance of the results:

- Highly significant at p-value < 0.01.
- Statistically significant was considered at p-value < 0.05
- Non-significant at p-value ≥ 0.05

Results:

Table(1): Showed that 53.9% of studied nurses their ages were ranged from 30 to less than 40 years old with mean ages 35.45+1.92.The majority (78.1%) of studied nurses were female and (68.5%) of them married.More than half of studied nurses (67.5%) had technical Institute of nursing and (51.2%)of them had more than ten years of experience.

Figure1: revealed that 16.8% of the studied nurses had alow perception level of workplace ostracism. While 49.9% of them had a high perception level .

Figure (2): Revealed that 46.90% of studied nurses had a high perception level of quality of care. While 11.2% of them had a low perception level .

Table (2): Revealed that (48% & 47.7%) of studied nurses reported that they had a moderate perception level of quality of nursing care regarding to Prevention of complications and health promotion, while (10.7% & 13.3%) of them reported that they had a low perception level of quality of nursing care regarding to Well-being ,self-care and Functional re adaptation .

Table (3) : Revealed that there is a highly statistically significant relation between workplace ostracism and personal characteristics of the studied nurses regarding to their age, educational level and years of experience at (p value< 0.05). On the other hand, there is no statistically significant relation between workplace ostracism and their gender and marital status (p value > 0.05).

Table (4) : Revealed that there is a highly statistically significant relation between quality of nursing care and personal characteristics regarding to their age, gender, educational level and years of experience (p value < 0.05). On the other hand, there is no statistically significant relation between quality of nursing care and their marital status (p value > 0.05).

Table (5) : Revealed that there is a highly statistically negative correlations between quality of nursing care and work place ostracism (r = -0.596 , p value =0.001).

Table (6) : Shows high significant model detected through f test 12.019, p value= .000. This explains 58% of the variation at total quality of care detected through r= 0.58. As well, it reflects that workplace ostracism among studied nurses is significant predictor for quality of nursing care at p value <0.01*

Table 1: Percentage distribution of the studied nurses according to their personal characteristics (n=375).

Demographic characteristics	N	%
Age		
20-<30	78	20.8
30<40	202	**53.9**
40-50	95	25.3
Mean+¯ S.D 35.45±1.92		
Gender		
Male	82	21.9
Female	293	**78.1**
Marital status		
Single	101	26.9
Married	257	**68.5**
Divorced	7	1.9
Widow	10	2.7
Educational qualifications		
Nursing diploma	122	32.5
Technical institute of nursing	253	**67.5**
Years of experience		
< 5 years	55	14.7
5 – 10 years	128	34.1
> 10 years	192	**51.2**

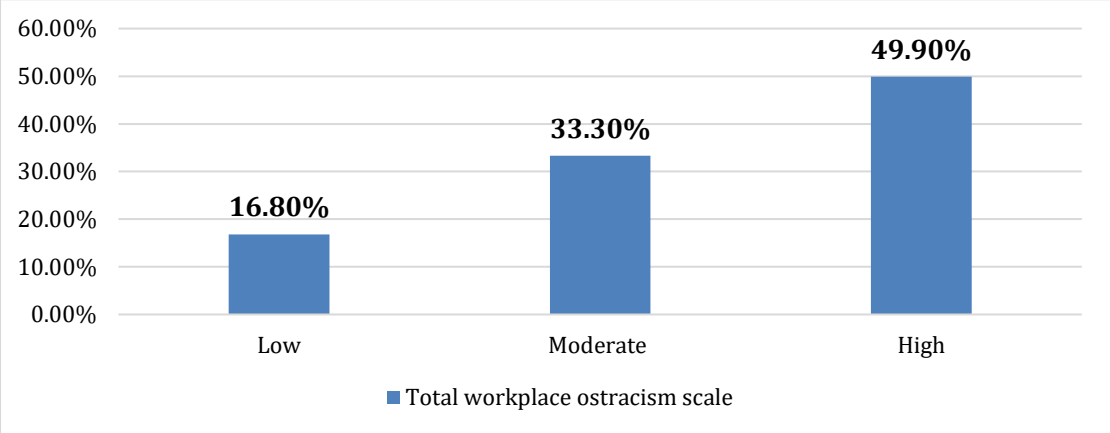

Figure (1): Total level of the studied nurse's perception of workplace ostracism (n=375)

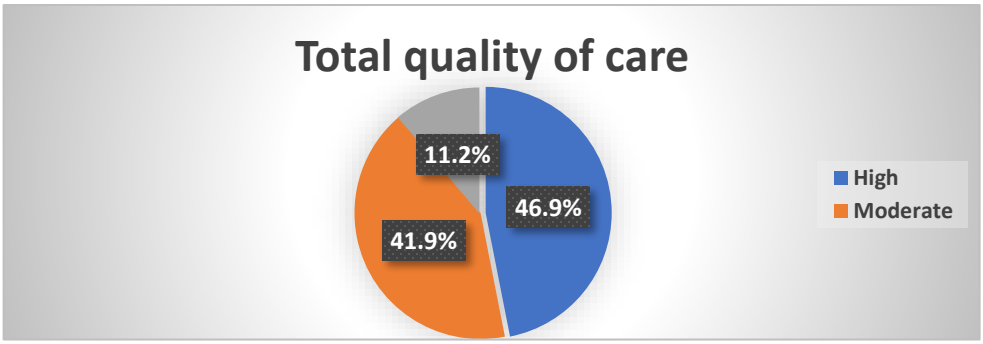

Figure (2): Total level of the studied nurse's perception regarding quality of care (n=375).

Table (2): Percentage distribution of the studied nurses according to their total domains of quality of nursing care (n=375).

Total domains	High		Moderate		Low	
	N	%	N	%	N	%
1-Health Promotion	197	**47.7**	150	40	46	12.3
2-Prevention of complications	180	**48**	158	42.1	37	9.9
3- Well-being and self-care	174	**46.4**	161	42.9	40	**10.7**
4- Functional re adaptation	172	45.9	153	40.8	50	**13.3**
7- Nursing care organization	160	42.7	162	43.2	53	14.1
6- Responsibility and rigor	173	46.1	151	40.3	51	13.6

Table (3): Relationship between personal characteristics of studied nurses and their perception level of workplace ostracism (n=375).

Items		Total workplace ostracism scale						X^2	P-Value
		High		Moderate		Low			
		No	%	No	%	No	%		
Age	20-<30	54	85.7	21	16.8	3	1.6	4.100	0.015*
	30-<40	7	11.1	87	69.6	108	57.8		
	40-50	2	3.2	17	13.6	76	40.6		
Gender	Male	17	27.0	30	24.0	35	18.7	1.213	0.059
	Female	46	73.0	95	76.0	152	81.3		
Marital status	Single	24	38.1	48	38.4	29	15.5	1.492	0.067
	Married	36	57.1	71	56.8	150	80.3		
	Divorced	1	1.6	2	1.6	4	2.1		
	Widow	2	3.2	4	3.2	4	2.1		
Educational level	Nursing diploma	59	93.7	53	42.4	10	5.3	8.653	0.003**
	Technical institute	4	6.3	72	57.6	177	94.7		
Years of experience	<5 years	44	69.8	9	7.2	2	1.1	4.377	0.021*
	5-10 years	16	25.4	92	73.6	20	10.7		
	>10 years	3	4.8	24	19.2	165	88.2		

***Significant at p ‹0.05. **Highly significant at p ‹0.01. Not significant at p>0.05**

Table (4): Relationship between personal characteristics of studied nurses and thier perception level of quality of care (n=375).

Items		Total quality of nursing care scale						X^2	P-Value
		High		Moderate		Low			
		No	%	No	%	No	%		
Age	20-<30	10	6.4	32	18.2	36	85.7	9.504	0.005**
	30-<40	64	40.7	134	76.1	4	9.5		
	40-50	83	52.9	10	5.7	2	4.8		
Gender	Male	76	48.4	5	2.8	1	2.4	3.911	0.035*
	Female	81	51.6	171	97.2	41	97.6		
Marital status	Single	37	23.6	50	28.4	14	33.3	1.244	0.073
	Married	112	71.3	120	68.2	25	59.5		
	Divorced	3	1.9	3	1.7	1	2.4		
	Widow	5	3.2	3	1.7	2	4.8		
Educational level	Nursing diploma	6	3.8	76	43.2	40	95.2	8.537	0.000**
	Technical institute	151	96.2	100	56.8	2	4.8		
Years of experience	<5 years	7	4.5	10	5.7	38	90.5	3.946	0.039*
	5-10 years	12	7.6	113	64.2	3	7.1		
	>10 years	138	87.9	53	30.1	1	2.4		

***Significant at p ‹0.05. **Highly significant at p ‹0.01. Not significant at p>0.05**

Table (5): Correlation between the studied variable (n=375).

Variables		Total work place ostracism
Total workplace ostracism	**r** **P**	0.763 0.000**
Total quality of nursing care	**r** **p**	-0.596 0.001**

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

Table (6): Multiple Linear regression model for quality of nursing care.

		Unstandardized Coefficients		standardized Coefficients	T	P. value
		B		B		
Total workplace ostracism		-0.998		0.693	6.777	0.001**
Model	**R^2**	**Df.**		**F**	**P. value**	
Regression	**0.58**	1		12.019	0.000**	

a. Dependent Variable: quality of nursing care
b. Predictors: (constant): workplace ostracism.

Discussion:

The most important issue in modern health care settings is ensuring safety and improving the quality of care. When risks and mistakes are not reporting, patient safety and quality of care are not achieved. Although health care policy makers and accreditation agencies have been paying their attention to create a culture of safety and implement feedback mechanisms in inpatient care units, work place ostracism has been hindered these mechanisms to properly work **El-Guindy et al., (2022).** So the aim of this study was to assess relationships between workplace ostracism and quality of care.

Concerning frequency and percentage distribution of the studied nurses according to personal characteristic**,** the finding of the present study indicated that the majority of studied nurses were female and married. This result could be due to the high numbers of students who enter the faculty or school of nursing are females and the main core of nursing occupation is feminists, regarding qualification the majority of studied nurses had technical institute of nursing, this could be due to the bachelor degree in nursing wasn't very popular until recently . Hence , the study sample is a true reflection of the nurses working in our community Also this result shows that about three fifth of them having less than five years' experience.

These results agree with the study conducted by **Ali and Elsayed (2022)** to identify the correlation between organizational cynicism and counter productive work behaviors among nurses at Alexandria main university hospital, and showed that more than one -half of the studied staff nurses were female , married and had nursing technical institute.

Concerning total level of the studied nurse's perception of workplace ostracism; The results of the current study shows that more than half of the studied nurses had a high level of workplace ostracism. While a few half of them had a low level of workplace ostracism. This findings may be due to high awareness level of management regarding the wise handling of workplace ostracism and its sequences at study setting and growth of nursing experience leading to declining ostracism.

This finding is matched with **Zahid et al., (2021)** who studied workplace ostracism on work productive behavior of employees with mediating effect of emotional intelligence and stated that studied nurses have a low level of workplace ostracism. These findings are in the same line with **Chen and Li (2019)** who studied "The relationship between workplace ostracism and sleep quality" and found that half of the studied nurses suffered had low workplace ostracism.

The findings are disagree with to **Ahmed and Mahmoud (2020)** who did a study about "workplace ostracism and counter productive work behaviors among nurses" and reported that two-thirds of studied nurses had amoderate level of workplace ostracism and one fifth had low workplace ostracism. In the same line **Mlika, et al.,(2017)** conducted a study about " Organizational ostracism: A potential framework to deal with it. Safety and health at work "and indicated that ostracism is mainly observed in healthcare organizations. On the other hand, the results of **Ebrahim (2020)** who investigated workplace ostracism in nurses and its determining factors and found that about two-thirds of the studied nurses had a moderate level of workplace ostracism.

Concerning total level of studied nurse's perception about quality of care. The results of the current study shows that nearly less than half of studied nurses had a high level of quality of care, the highest percent of studied nurses rated items related to prevention of complication, health promotion and well-being and self care as a high perception level of quality of care. While a few of them rated items related to nursing care organization, responsibility and rigor and functional re adaptation as a low perception level of quality of care. From the researchers' point of view,this may be due to the majority of staff seek to perform and evaluate intervention and care provided to patients that help in preventing problems and minimizing un desirable effects and improve patient well being and daily activities. Also they show responsibility for the decision they make and for the acts they perform and delegate aiming to preventing complication. Added they provide information that generates cognitive learning and new abilities in the patients.Generally, a good nurse manager possess practical communication skills, strong leadership abilities and a commitment to support and develop knowledge and skills that help them to provide high quality of nursing care through close monitoring and follow up cross the care delivered for all patients.. This result was in the same line of **Gaalan et al.,(2019)** who

conducted a study amongst mongolian to assess factors predicting quality of nursing care among nurses in tertiary care hospitals in mongolia and found that the majority of studied nurses had a high level of quality of nursing care. This result was disagreement with **El-Guindy et al.,(2022)** who found that the majority of studied nurses had a moderate level of quality of care. Also, a study conducted by **Khaki et al.,(2018)** who assessed nursing cares quality in nurses and found that the majority of studied nurses had a low level of quality of nursing care.

Concerning relationship between personal characteristics of studied nurses and perception level of quality of care; This results present that there is a highly statistically significant relation between quality of nursing care and personal characteristics regarding to their age, gender, educational level and years of experience. These results may be due to socio demographic and professional characteristics of nurses may also influence quality of care. For example, older age and professional experience may relate positively to knowledge and skills, and longer experience working in the unit may relate positively to treatment and care practice competencies and reduce the risk of error. Moreover, the educational level of nurses relates positively with their professional knowledge and enables them to practice more comprehensively in clinical settings. Conversely, marital status may increase the responsibility burden of nurses, which may negatively affect care by introducing familial problems into the workplace.**Karaca and Sereen (2022)** who found that there is statistically significant relation between quality of nursing care and age and educational level of studied nurses. Also **El-Guindy et al.,(2022)** who found that there is statistically significant relation between quality of nursing care and age and experience of studied nurses.

Concerning relationship between personal characteristics of studied nurses and workplace ostracism; This results display that there is a highly statistically significant relation between workplace ostracism and personal characteristics of the studied nurses regarding to their age, educational level and years of experience. This findings go in the same line with **Fathy;Abd El-Rahman; and Ashour (2024)** examine the relationship between workplace ostracism and nurses' perception of counterproductive work behaviors at kafr el-dawar general hospital and found that there is statistically significant relation between workplace ostracism and age of studied nurses .Also **Yuan et al.,(2022)** who studied workplace ostracism and prosocial service behaviors: the role of work engagement and found that there is statistically significant relation between workplace ostracism and educational level. Adtionally **Sarwar et al., (2022)** investigated how workplace ostracism acts as a motive behind customer service sabotage among nurses from hospitals of the southern Punjab region in Pakistan and found that there is statistically significant relation between workplace ostracism and experience of studied nurses.

Concerning correlation between the studied variables ; the results of the current study show that there is a highly statistically significant negative correlations between quality of nursing care and workplace ostracism . The findings of the current study may be due to ostracized nurses at the workplace try to protect themselves from being ignored, nurses who experience ostracism at the workplace are ignored by their coworkers and the coworkers do not welcome their ideas opinions, suggestions, Poor self-confidence towards care and responsibility could lead to low quality of nursing care.These findings were in agreement with **El-Guindy et al.,(2022)** who found that there is a highly statistically significant negative correlations between quality of nursing care, workplace ostracism.

Conclusion:

In the light of the main study results; it can be concluded that : less than half of nurses had a high perception level of workplace ostracism and slightly less than half of nurses had a high perception level of quality of care .There are highly statistically significant negative correlations between workplace ostracism and quality of care.

Recommendation:

Based on the findings of this study, the following recommendations can be included:

- Create supportive workplace environments through collaborative, cooperative performance evaluations, rewarding employees for supportive behaviors, and holding employees at all levels accountable for unsupportive behaviors.
- Encourage nurses to actively adopt the right approach when they experience workplace ostracism, and seek help and support through correct ways to deal with it.
- Develop training program to increase nurses 'knowledge on the harms of workplace ostracism and provide skills to respond to it.

Allow opportunities for nurses to participate in decision making and problem solving through encouraging nurses to express their opinions and share in different organizational activities and committees**..**

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