

A Study on the Impact of Workplace Ostracism on Counterproductive Work Behaviour Among Private Hospital Nurses In Chennai

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Abstract

Workplace Ostracism which is the extent to which individuals perceive that they are ignored or excluded by other employees in the workplace according to Ferris et al., Nurses play an integral role in achieving safe and effective health care. The study aimed at identifying the impact of workplace ostracism on counterproductive work behavior. The objective of the study includes, 1) To study the causes of workplace ostracism. 2) To identify the effect of organization cynicism on workplace ostracism. 3) To study the impact of workplace ostracism on counterproductive work behavior. Research is on descriptive research design. The sample size for the study is 100. Data used in the study is collected using a structured questionnaire and analyzed using SPSS. In this study the nurses feel that any efforts to make things better around here are likely to succeed. The opinion of workplace ostracism is similar for all the age group of the nurses working in private hospitals in Chennai. Nurses were lied about the hours worked in the hospital.

I. Introduction

The Antecedents of workplace ostracism is significant on account of antecedents designed; relative actions should be taken to minimize the cause of workplace ostracism. According to Williams K.D., Workplace Ostracism refers to individuals being excluded and ignored by others in workplace. Ostracism diminishes resources of employees, that it will positively influence organizational cynicism and counterproductive work behavior of employee. Nurses plays a vital role in the health industry. Nurses plays a vital role in the health industry. Nurses commonly experiences high level of ostracism due to excessive use of technology and treating the patients continuously in private hospitals. The objective of the study includes, 1) To study the causes of workplace ostracism. 2) To identify the effect of organization cynicism on workplace ostracism. 3) To study the impact of workplace ostracism on counterproductive work behavior. Research is on descriptive research design. Data used in the study is collected using a structured questionnaire and analyzed using SPSS. The major findings of the study will help the Hospitals to maintain low level of workplace ostracism for Nurses to work more effectively to achieve the target.

II. Review of Literature

Workplace ostracism according to Ferris and colleagues defined as the observed level of employees being excluded or ignored by the other employees (Ferris, Brown, Berry and Lien, 2008). Workplace ostracism makes individuals at high risk of both negative mental and poor physical health outcome. Poor interpersonal relationship is the problem faced by ostracized employees, as a whole ostracized employee has a negative view of oneself, others and humanity (Bastian and Haslam 2010, Bastian, Jetten, Chen, radke, Harding and Fasoli, 2013; Schnieder, Hitlan and Radhakrishnan, 2000; Wolke, Copeland, Angold and Costello, 2013).

Organizational Cynicism is a negative conviction, lack of integrity at organization and will try to negatively affect an organization (Kalagan and Aksu, 2010). Thus, workplace ostracism will have a chance to create negative organizational behaviors with cynical behaviors. According to Shahzad and Mahmood (2012) Organizational cynicism leads to counterproductive work behavior has negative impact on individual employees and also to the organization as a whole.

Lau, Au and Ho, (2003) states counterproductive work behavior as any intentional organizational behaviors that affects an individual's job performance or weaken organizational effectiveness. Martinko, Gundlach and Douglas (2002) proposed that counterproductive work behavior is divided into three main categories they are a) Personal b) Organizational and c) Contextual factors.

Industry Profile

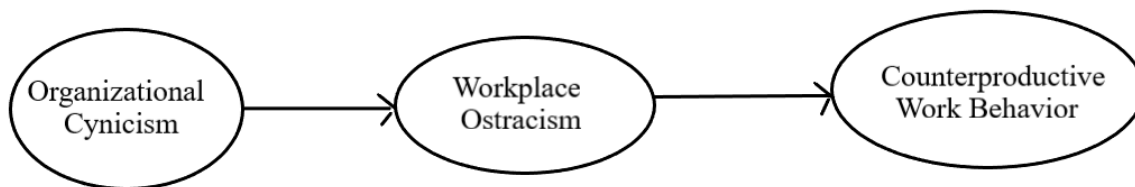
Nursing is a profession within the health care sector focused on the care of individual, families and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may help coordinate the patient care performed by other members of a multidisciplinary health care team such as therapists, medical practitioners and dietitians. Nurses provide care both interdependently, for example, with physicians, and independently as nursing professionals. (source: Wikipedia).

In the fifth century BC, for example, the Hippocratic collection in places describes skilled care and observation of patients by male “attendants”, who may have been early nurses (Levine, EB; Levine, ME (1965)). According to International Council of Nurses, Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management and education are also key nursing roles.

Nurses are also at risk for violence and abuse in the workplace. The Nursing education is governed in India by the control body Indian Nursing Council and its norms are implemented through respective state nursing council such as Kerala Nurses and Midwives Council.

Research Gap

On according to the available literature, the comparison of organizational cynicism with counterproductive work behavior is very less. The available reports do not concentrate on the private hospital Nurses. There is minimal investigation made in the link between organizational cynicism, workplace ostracism and counterproductive work behavior. Based on the identified research gap the primary objective for the study is the impact of workplace ostracism on counterproductive work behavior among private hospital Nurses in Chennai.



Objective of the study

1. To study the causes of workplace ostracism for Nurses in private hospital.
2. To identify the effect of organization cynicism on workplace ostracism for Nurses in private hospital.
3. To study the impact of workplace ostracism on counterproductive work behavior for Nurses in private hospital.

III. Research Method

In this Study Nurses working in Private hospital in Chennai are the target respondents for studying the impact of workplace ostracism on counterproductive work behavior. As the research do not have any control over the variables and given the information collected using the structured questionnaire, this study adopts descriptive research design. Nurses working in the private hospital are working based on shifts random sampling technique is used to collect the data. The primary data in the study is collected using a structured questionnaire and the data were collected during the working hours of nurses. The sample size of the study is 100 nurses working in the private hospital in Chennai. The questionnaire contains two types of questions, one is demographic variable and the other is the study variable which includes workplace ostracism, organizational cynicism and counterproductive work behavior. Workplace ostracism is measured using ten items scale developed by Ferris et al., (2008) using five-point likert scale and the Cronbach’s alpha value of the study is 0.975. Organizational cynicism is measured using seven items scale developed by Wilkerson, Evans, and Davis (2008) using five-point likert scale and the Cronbach’s alpha value of the study is 0.925. Counterproductive work behavior is measured using thirteen items scale developed by Jixia Yang and James M.Diefendorff (2009) using five-point likert scale and the Cronbach’s alpha value of the study is 0.934. The collected data is analysed using percentage analysis, Mean and Standard deviation, ANOVA, and Friedman two-way ANOVA using SPSS.

Analysis

Demographic Variable

Table showing the Age of the respondents

S.No.	Age	Respondents	Percentage
1	Less than 25	23	23
2	26-35	37	37
3	36-45	28	28
4	Above 46	12	12
	Total	100	100

From the above table it is inferred that majority of the respondents belongs to the age group of 26-35.

Table showing the Experience of the respondents

S.No.	Experience	Respondents	Percentage
1	Less than 5	38	38
2	6-10	22	22
3	11-20	8	8
4	Above 21	32	32
	Total	100	100

From the above table it is inferred that majority of the respondents working less than 5 years.

Study Variable

Organizational Cynicism:

Table showing the Mean and Standard deviation of respondent’s opinion on organizational cynicism

S.No.	Organizational Cynicism	Mean (N=100)	Standard Deviation
1	Any efforts to make things better around here are likely to succeed	4.20	0.682
2	Company management is good at running improvement programs or changing things in our business	4.11	0.746
3	Overall, I expect more success than disappointment in working with this company	4.12	0.765
4	My company pulls its fair share of the weight in its relationship with its employees	3.26	0.965
5	Suggestions on how to solve problems around here won’t produce much real change	4.10	0.806
6	My company meets my expectations for quality of work life	4.16	0.580
7	Company management is more interested in its goals and needs than in its employees’ welfare	3.90	1.046

From the table it is inferred that majority of the respondents feel that any efforts to make things better around here are likely to succeed (mean=4.20, SD= 0.682).

Workplace Ostracism

The general opinions of the respondents about the workplace ostracism items and the age of the respondents were compared using the ANOVA test.

H₀: There is no significant difference between the age group of their opinions about workplace ostracism.

Age of the Respondent	Sum of squares	df	Mean square	F	Sign.
(Combined)	5.386	4	1.285	1.348	0.225
Between Groups	2.726	1	2.693	2.467	0.860
Linear Term	0.286	1	0.353	0.325	0.486
Unweighted Weighted Deviation	5.235	3	1.623	1.709	0.152
Within Groups	90.654	95	0.955		
Total	96.040	99			

From the table it is inferred that p value is >0.05, so H₀ is accepted. Thus, there is no significant difference between the age group of the respondent and their opinion about workplace ostracism.

Counterproductive work behavior

The thirteen items of counterproductive work behavior are analyzed using Friedman Two-way ANOVA. The purpose of applying this test is to find out the mean values.

H₀: there is no significant difference between the factors of counterproductive work behavior.

Table showing the Friedman test for significant difference between mean rank towards counterproductive work behavior.

S.No.	Rank	Mean	Factors
1	1	7.34	Lied about hours worked
2	3	6.97	Stole something belongings to your employers
3	6	6.56	Took supplies or tools home without permission
4	10	6.14	Came to work late without permission
5	12	5.98	Took an additional or a longer break than you were allowed to take.
6	7	6.47	Left work earlier than you were allowed to

7	4	6.89	Intentionally worked slower than you could have worked.
8	13	5.56	Put little effort into your work
9	2	7.04	Daydreamed rather than did your work
10	11	6.12	Worked on a personal matter instead of working for your employer
11	5	6.59	Surfed on the internet
12	8	6.17	Wasted your employer's material supplies.
13	9	6.15	Called in sick when you were not.

From the above table it is inferred that the mean value of all the 13 factors ranges between 5.56 to 7.34. since the P value is greater than 0.05, there is no significant difference between factors of counterproductive work behavior.

IV. Findings

Demographic variable- Majority of the respondent 37% involved in the study belongs to the age group of 26-35. Majority of the respondent 38% involved in the study are fresher and have experience less than 5 years.

Organizational Cynicism- Majority of the respondents feel that any efforts to make things better around here are likely to succeed (mean=4.20, SD= 0.682).

Workplace Ostracism- there is no significant difference between the age group of the respondent and their opinion about workplace ostracism

Counterproductive work behavior- the mean value of all the 13 factors ranges between 5.56 to 7.34. since the P value is greater than 0.05, there is no significant difference between factors of counterproductive work behavior.

V. Conclusion

Nursing is a particularly stressful profession, and nurses consistently identify stress as a major work-related concern and have among the highest levels of occupational stress when compared to other professions. By the statement of Dotan-Eliaz, Sommer and Rubin Linguistic ostracism is as when there is a conversation between two people that another could not understand. Fresh or minimum experienced nurses are most affected due to workplace ostracism. In this study the nurses feel that any efforts to make things better around here are likely to succeed. The opinion of workplace ostracism is similar for all the age group of the nurses working in private hospitals in Chennai. Nurses were lied about the hours worked in the hospital.

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