

Effect of Workplace Social Undermining on Nurses' Organizational Trust and Care Co-creation

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Abstract:

Background: Workplace social undermining antecedents can lead to serious consequences on nurses' performance and work related relationships that in turn affect the hospital overall quality and reputation. **Aim:** The aim of this study was to determine the effect of workplace social undermining on nurses' **organizational** trust and care co-creation. **Subject and Methods: Design:** Descriptive correlational design was applied to achieve present study aim. **Setting:** The study was conducted in El-Mehallah Cardiology Center **Subject:** all available (213) nurses. **Tools:** Three tools were used; nurses' perception of workplace social undermining, nurses' perception of organizational trust, and nurses' care co-creation questionnaire. **Results:** 55.4% perceived high levels of total workplace social undermining. 83.1% of nurses perceived low levels of total organizational trust and 63.4% of nurses had low levels of total care co-creation. **Conclusion:** there were significant negative correlations between workplace social undermining, organizational trust, and care co-creation. **Recommendations:** Hospital administration need to set a zero tolerance policy of workplace social undermining and continually asses its occurrence. Nurse supervisors need to recognize nurses' positive contributions, and share decisions, ideas, skills and knowledge with nurses.

Keywords: Care, Co-creation, Nurses, Organizational Trust & Social Undermining.

Introduction

Nurses have a noble role in providing a wide range of healthcare services to promote patient's health. They mix the principles of nursing science with the art of caring to ensure that patients obtain the highest quality of care in ethical and structured manner. Thus, to grantee nurses' professional productivity hospitals must ensure safe and supporting workplace **Elgammal et al., (2023)**. One of the critical workplace issues confront nurses is social undermining that can be displayed in the form of certain emotional state characterized by hate or anger, and has numerous toxic consequences for both nurses as well as hospital (**Song & Zhao, 2022; Eissa et al., 2020**). Experiencing social undermining can hinder nurses' ability to sustain positive professional relationships and maintain work achievement (**Eissa et al., 2017**).

Social undermining behaviors involves competing for position, providing of deceptive information, delaying colleagues' work to slow them down, degrading colleagues' ideas, and disseminating dishonest rumors about colleagues. Social undermining can be indirect in form of passing offensive remarks regarding colleagues, or ignoring colleagues (**Khan et al., 2022; & Yeganeh et al., 2021**).

Social undermining occurs when adverse emotions are expressed against colleagues or framing negative issues around them. Undermining can be committed

by supervisor against nurses and vice versa (**Mpho & Pheko, 2018; Karthikeyan, 2017**).

Social undermining has two dimensions; supervisor and colleague undermining. Supervisor undermining include negative estimation of nurses' points of view, activities, and behaviors whether intentional or purposeful by the supervisor. Colleague undermining refers to prevent provision of necessary information to a nurse colleague, in addition to showing behaviors of insults and harassing including blaming, gossips, even unpleasant facial features (**Song & Zhao, 2022**). Workplace social undermining can cause struggle among nurses and affect hospital morale, productivity and professional relations (**Jung & Yoon, 2022**). Consequently, nurses exposed to workplace social undermining feel uncomfortable and do not trust to share information with colleagues they have negative expectations of how colleagues will utilize this information. Trust is the hallmark of effective professional relationships and it affects the amount and accuracy of information exchanged in a social network (**Rasiah et al 2020**).

Organizational trust is about to the sense of assurance and confidence without hesitation or doubts. Nurses believe that they will obtain assistance; in times of need; to solve problems, without hidden motives or negative thoughts from colleagues or administration. Organizational trust comprises nurses believe that the healthcare organization will do the best efforts to

honesty safeguard them (Jiang, et al., 2017; Tosun & Özkan, 2023) Organizational trust from nurses' perspective encompasses three main dimensions: Trust in colleagues, trust in supervisors and trust in hospital administration. Trust in colleagues is related to the extent to which nurses are willing to build relationships characterized by trust and faith in work colleagues under any circumstances (Haar et al., 2019). Trust in supervisor is about the degree to which nurses trust their leaders' capabilities. Trust in hospital administration is the degree to which nurses in all circumstances comply and be highly confident in the hospital culture and values.

Nurses need to have confidence in their hospital structures, policies, processes, and technical competencies that affect the hospital overall decisions and outcomes (Atalla & Abdelaal, 2019). Also, nurses exposed to social undermining can negatively disturb their level and quality of work related interactions required to exchange information and enables care co-creation (Taherpour, et al., 2016). Co-creation is the interaction through which nurses can produce a mutually valued outcome according to their assessment of benefits and risks of any action, make decisions based on discussions with team and patients, access to information and resources (Dugstad, 2020). Nurses confront many challenges in providing patient care including increasing care complexity, high levels of uncertainty and time constraints, so co-creation of care is become a crucial for maintaining high quality of patients' care (Van, et al., 2018). Care co-creation is mainly focusing on high-quality and mutually reinforcing communication and relationships between nurses and patients (Laurisz, et al., 2023 & Kuipers, et al., 2020).

Co-creation of care involves two chief dimensions; proper communication that characterized by transparency, timely, precise, continuing and solving of problems. The second dimension is proper relationships that centered around sharing knowledge, goals and mutual respect among healthcare staff including nurses on both personal and professional levels (Laurisz, et al., 2023 & Kuipers, et al., 2020). It became obvious that develop a close relationship is essential for nurses to achieve care related goals plus provide them with a sense of identity, support and attachment. Interactions and close relationships allow the co-creation of value that manifested in augmented loyalty, efficiency and trust (Taherpour, et al., 2016).

Significant of study

Considering workplace social undermining become increasingly important for its consequences on the performance of nurses, the care quality and the overall hospital outcomes. Workplace social

undermining can reflect adverse interactions including various negative affective, cognitive, and behavioral responses. Thus social undermining can influence close relationships, trust, and care co-creation in hospital context (Bolton et al., 2021 & Taherpour et al., 2016). The nature of nurses' work in the Cardiology Center at El-Mehallah El-Kobra city, work is complex, very specialized, and interdependent, requiring high levels of coordination across roles, and healthcare sectors to achieve the desired outcomes. If nurses cannot trust their colleagues, supervisors and hospital this prevent the establishment of proper professional relationships that in turn stand against the achievement of hospital goals (Atalla & Abdelaal, 2019). Therefore, this study argued that exposing to social undermining can affect nurse' organizational trust and care co-creation in the Cardiology Center at the city of El Mehallah El Kobra.

Aim of the study

The aim of this study was to determine the effect of workplace social undermining on nurses' organizational trust and care co-creation.

Research questions

- What are the levels of workplace social undermining as perceived by nurses?
- What are the levels of organizational trust as perceived by nurses?
- What are the levels of care co-creation among nurses?
- What is the relation between nurses' perception of workplace social undermining and their trust and care co-creation?

Subject and Methods

Research design

Descriptive correlational research design was applied to achieve the aim of this study to explore the relation between study variables and reveal the degree to which these variables affect each other (Mc Combes, 2023).

Setting

Study was conducted in all departments of The Cardiology Center at the city of El-Mehallah El-Kobra affiliated to the Ministry of Health and Population. It provides both profit and nonprofit services, consisted of 140 bed capacity. Units understudy included cardiac care unites, open heart surgery, emergency, cardiac catheterization, and inpatient wards.

Subjects

All available (No. =213) nurses were working in the above-mentioned setting and accepted to participate in the study were included.

Tools of data collection

The data of this study collected through the following three tools.

Tool I- Nurses' Perception of Workplace Social Undermining Questionnaire. Developed by the researchers guided by **Duffy et al., 2012; Anwar & Sidin, 2016; Khan et al., 2022; Mpho & Pheko, 2018.** It consisted two parts as follows.

Part (1): Nurses' personal characteristics: It included nurses' age, sex, marital status, number of children, years of experience, nursing educational qualifications and department.

Part (2): Nurses' Perception of Workplace Social Undermining Questionnaire, this part was utilized to assess nurses' levels of perception regarding workplace social undermining. It included 23-items divided into two dimensions' colleagues' undermining (12 items) and supervisors' undermining (11 items). Nurses were asked to rate how frequently they had encountered each undermining behavior from their supervisor and their colleagues.

Scoring system:

Nurses' responses were measured on a five points Likert Scale ranged from 1 = never to 5= always. The total score calculated by summing of all categories and classified to levels based on cut-off, the high scores indicated high social undermining level as follow: High workplace undermining >50%, moderate workplace undermining level 50%-25%, and low workplace undermining <25%.

Tool II: Nurses' Organizational Trust Questionnaire

This tool was developed by the researchers guided by **Kask & Titov (2022); Jiang et al., (2017).** It involved 21 items classified into three dimensions; trust in supervisors (6 items), trust in colleagues (8 items), trust in hospital administration (7 items). This questionnaire was utilized to measure the extent to which the nurses trust their supervisors, colleagues and hospital administration.

Scoring system: Nurses' responses were measured on a five points Likert Scale ranged from 1 = never to 5= always. The total score was calculated by summing of all dimensions and classified into levels, the high scores indicated high level of trust based on cut-off value as follow: high organizational trust >75%, moderate organizational trust 60 – 75% and low organizational trust < 60%.

Tool III: Nurses' Care Co-Creation Questionnaire.

This tool was developed by the researchers guided by **Gittell et al., 2020 & Kuipers et al., 2020.** It consisted of 8 items divided into two dimensions, communication (4 items) and professional relationship (4 items). Co-creation of care tool was utilized to assess the level of care co-creation among nurses.

Scoring system:

Nurses' responses were measured on a five points Likert Scale ranged from 1 = never to 5= always. The total score calculated by summing of all dimensions and classified into levels, the high score representing better care co-creation based on cut-off value as follow: High care co-creation >75%, moderate care co-creation 75%-60% and low care co-creation < 60%.

Methods for data collection:

Study tools contents were established and tested for its validity by a jury of 5 experts in nursing administration and psychiatric Nursing from Faculty of Nursing- Tanta University. The validity of the tools intended to judge its clarity, comprehensiveness, relevance and accuracy. All comments were taken into consideration; some items were rephrased. The Content Validity Indexes were 95%, 90% and 91% for tool I, II, and III respectively. A pilot study was conducted on 10% of nursing (n=21) and they were not included in the study sample. The value of Cronbach's coefficient alpha was utilized to assess the questionnaire's internal consistencies, which were 0.90, 0.92, and 0.93 for tool I, II, and III respectively. The researchers met the nurses individually during their work shifts to distribute the questionnaire. The nurses recorded the answer in the presence of the researchers to ascertain all questions were answered and giving clarification. Each participant took approximately 15 minutes to fill in the questionnaires. The data collection lasted for about three month started from the beginning of July 2022 until September 2022.

Ethical considerations:

The ethical approval was obtained from The Scientific Research Ethical Committee (**Code No.183-12-22**) Faculty of Nursing – Tanat University. Before conducting the study, approval was obtained from the manager of The Cardiology Center at El Mehallah El-Kobra. After explaining the study's aim, nurses' consent was obtained from at the beginning of the study. The participants were assured that their answers would be kept confidential. The participants were informed that their involvement in this study was voluntary, wouldn't cause any harm and withdrawal from the study was allowed at any time.

Data analysis:

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Shapiro-Wilk test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Significance of the obtained results was judged at the 5% level.

Results

Table (1): Nurses’ personal characteristic (n = 213)

Items	No.	%	Items	No.	%
Age (years)			Years of experience		
<30	89	41.8	<10	118	55.4
≥30	124	58.2	≥10	95	44.6
Mean ± SD.	32.21 ± 6.43		Mean ± SD.	8.70 ± 4.68	
Sex			Nursing Educational Qualifications		
Male	47	22.1	Diploma Degree	52	24.4
Female	166	77.9	Associate Degree	74	34.7
Marital status			Bachelor Degree	68	31.9
Married	199	93.4	Post graduate studies	19	8.9
Single	14	6.6	Department		
Number of Children			Cardiac care unit	40	18.8
≤2	135	63.4	Open heart surgery	38	17.8
3-4	69	32.4	Emergency	32	15.0
≥5	9	4.2	Cardiac catheter	45	21.1
Mean ± SD.	2.22 ± 1.21		Inpatient ward	58	27.2

SD: Standard deviation

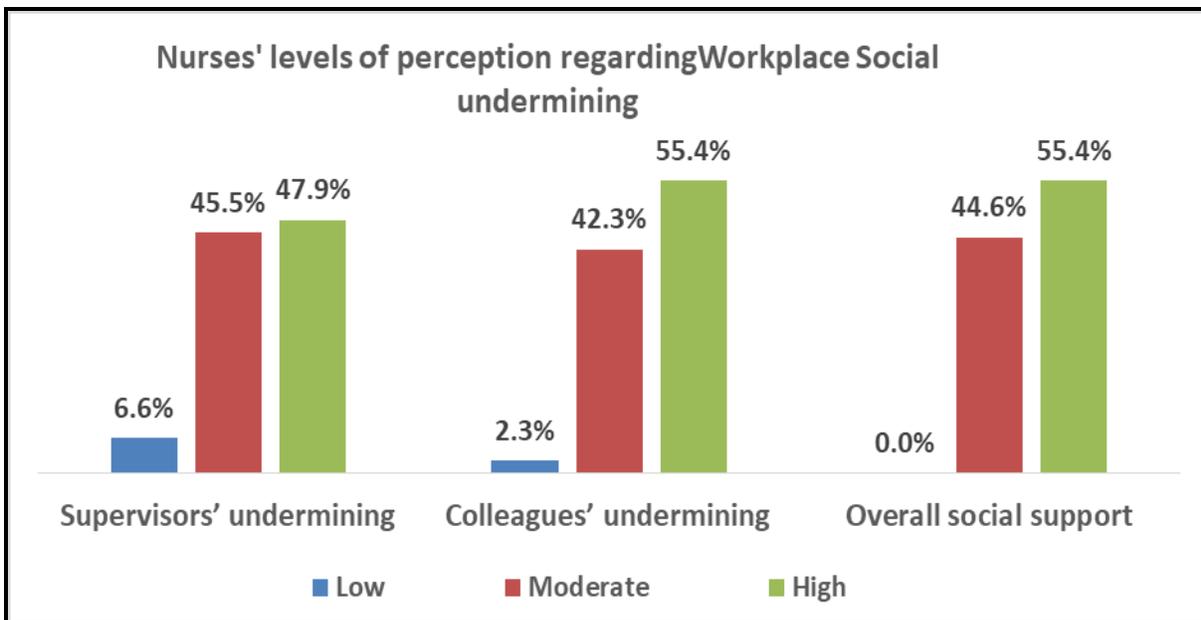


Figure (1): Nurses' levels of perception regarding Workplace Social undermining (n = 213)

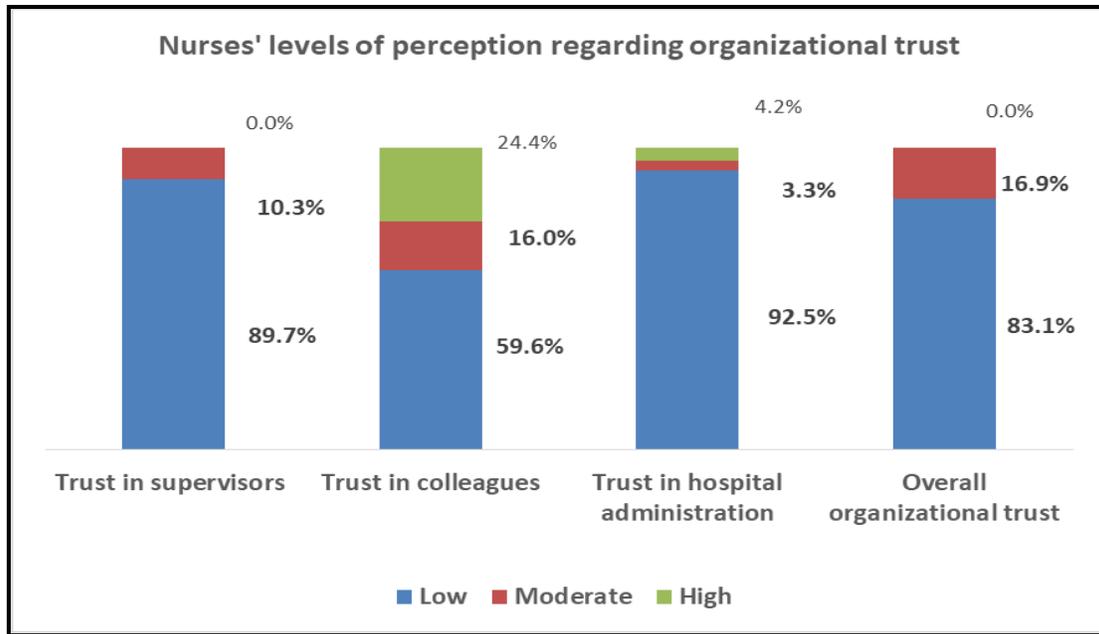


Figure (2): Nurses' levels of perception regarding organizational trust (n = 213)

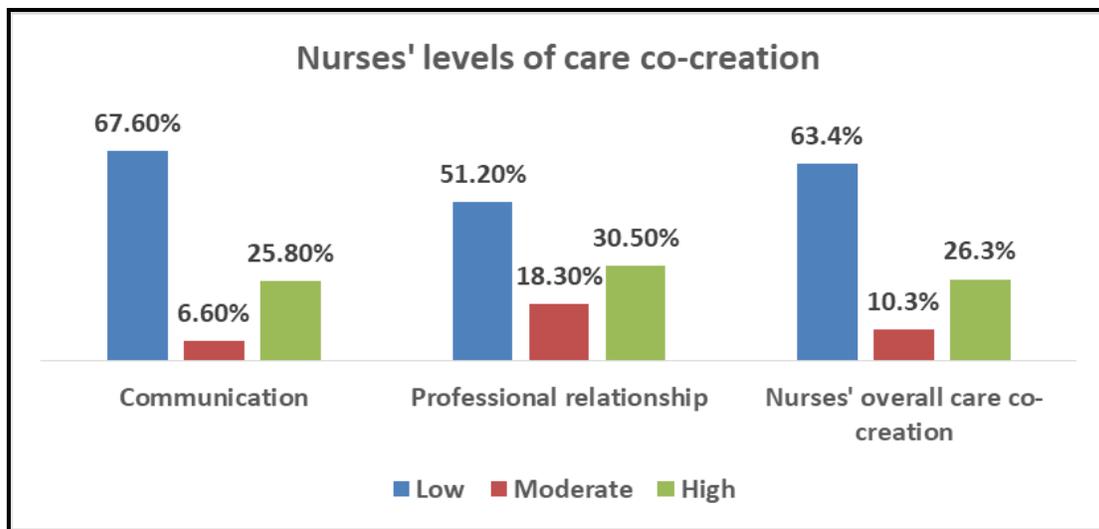


Figure (3): Nurses' levels of care co-creation (n = 213)

Table (2): Correlation between workplace social undermining, organizational trust, and care co-creation dimensions (n = 213)

Correlation between total variables		Workplace social undermining	Organizational trust	Care co-creation
Workplace social undermining	r_s		- 0.366*	- 0.249*
	p		<0.001*	<0.001*
Organizational trust	r_s			0.402*
	p			<0.001*
Care co-creation	r_s			
	p			

r_s : Spearman coefficient

*: Statistically significant at $p \leq 0.05$

Table (1): Shows nurses' personal characteristics. This table shows that, more than half (58.2%) of nurses fall in the age group ≥ 30 years with mean score 32.21 ± 6.43 . More than two third (77.9%) of nurses were female. The majority (93.4%) of nurses were married and more than half (55.4%) of them had from one to two children. More than half (55.4%) of the nurses had less than ten years of experience with mean 8.70 ± 4.68 . Around one third (34.7%, 31.9%) of nurses had Associate Degree and Bachelor Degree in Nursing respectively. More than quarter (27.2%) of nurses were working in in-patient wards.

Figure (1): Nurses' levels of perception regarding workplace social undermining. This figure shows that more than half of nurses (55.4%) perceived a high level and nearly half (44.6%) perceived a moderate level regarding the overall workplace social undermining. Around half (55.4%, 47.9%) of nurses perceived a high perception levels regarding colleagues' and supervisors' dimensions of workplace social undermining respectively.

Figure (2): Nurses' levels of perception regarding organizational trust. This figure demonstrates that the majority (83.1%) of nurses perceived a low level and less than one fifth (16.9%) perceived a moderate level of overall trust in their organization. Majority (92.5% and 89.7%) of nurses perceived a low level of trust in their hospital administration and supervisors respectively. Also more than half (59.6%) of nurses perceived a low level of trust in colleagues.

Figure (3): Nurses' levels of care co-creation. This figure shows that more than half (63.4%) of nurses perceived a low level and around one quarter (26.3%) perceived a high level of overall care co-creation. More than half (67.6% and 51.2%) of nurses perceived a low level of communication and professional relationship dimensions of care co-creation respectively. While around one quarter (30.5% and 25.8%) of nurses perceived a high level of professional relationship and communication dimensions of care co-creation respectively.

Table (2): Correlation between workplace social undermining, organizational trust, and care co-creation dimensions. This table shows that there were significant negative correlations between nurses' perception of workplace social undermining and both organizational trust and care co-creation at $p \leq 0.05$.

Discussion

Workplace social undermining is a common problem faced by nurses showed in committing intended behaviors to hinder colleagues' ability to maintain positive interpersonal relationships, work achievement, and good reputation. Social undermining has different forms and can be committed by either supervisors or subordinates.

Social undermining can negatively influence nurses' relationships, trust, and care co-creation that consequently affect the quality of patients' care especially for situations involving complexity, uncertainty and time constraints as for cardiac centers. This phenomenon required more in-depth investigation by nursing researchers to manage it effectively (Karthikeyan, 2017; Abas & Otto, 2016). So, the present study aimed to assess the effect of social undermining on nurses' organizational trust and care co-creation.

Regarding social undermining, the present study showed that more than half of nurses had high levels of total workplace social undermining. This may be due to more than half of the Cardiology Center nurses had less than ten years of experience, and also more than half of them had intermediate education (associate and Diploma degree). Moreover, those nurses confront many stressors resulting from dealing with severely ill patients, shortage of staff and scarcity of resources. In addition to, majority of nurses experienced high and moderate levels of undermining by supervisors and colleagues. Thus, they are more likely to engage in workplace undermining behaviors.

This result was supported by Jung & Yoon, 2022; Anwar & Sidi, 2016 found that their study subjects perceived high levels of workplace social undermining and aggressive behaviors of nurses. On the other hand, our study results were contradicted by Duffy et al., 2012 found that the occurrence of workplace social undermining were quite low.

The present study demonstrates that around half of nurses had high levels of perception regarding colleagues and supervisors social undermining. This may be justified that about half of nurses reported that their supervisors hurt their feeling, put them down when requesting work related details, do not recognize their work efforts, and condemned their ideas. Additionally, spread gossips about some nurses, delayed work to make them look desperately, and did not defend them when other colleagues spoke poorly about them.

Our study also revealed that more than half of cardiology center nurses reported that their colleagues close to deliberately offended and disseminate rumors about each other, put down their ideas, hurt their emotions, criticized their way of handling work related situations, did not provide help even if they promised, give each other misleading work related information. In the same line of the present study results Song & Zhao, 2022; Mosavi & Yeganeh, 2021 revealed that there were high levels of workplace social undermining by both supervisors and colleagues. Conversely, Duffy et al., 2012 stated

that in organizations should possess strong social pressures to inhibit staff from committing undermining.

Regarding Organizational Trust, our result demonstrates that the majority of nurses had a low perception levels regarding total organizational trust. This may be due to some nurses could not exhibit trust because they perceive themselves as victims of workplace social undermining particularly the present result showed significant negative correlation between workplace social undermining and organizational trust. Also, this might be due to dissemination of misleading information and avoid sharing work related information. In addition to, Cardiology center nurses perceived that hospital administration treated nurses unfairly, ridiculed their ideas and would not stand behind them, so they could not count upon it to do the right things.

Along with the present study findings **Green & Johnson, 2015** confirmed that receive assistance and collaboration to solve problems when need as well as having a fair distribution of work related duties increase staff sense of trust in their organizations. Previous study results supported our study results and revealed different degrees of nurses' trust in their employed organizations. Also, **Ali, et al., 2021; El-Sherbeny, 2019; Elewa, & El Bana, 2019; El-tantawy, 2019; Basit, & Duygulu, 2018;** reported an average and low levels of nurses' trust in their employed hospitals. On the contrary, **Sadek et al., 2022; Atalla & Abdelaal, 2019; Hassan, 2019; El-beseae, 2019** revealed that more than half to more than three quarters of nurses perceived high and moderate levels of overall organizational trust.

Current result showed that, majority of nurses had low perception levels regarding hospital administration trust and supervisors' trust. Also more than half of nurses had a low perception level regarding colleagues trust dimension. This could be due to some nurse supervisors were not concerned with nurses' welfare or even use their capabilities to improve hospital status. Also some nursing supervisors' use bureaucratic approach, and do not allow nurses to express their thoughts or their opinions when making hospital related decisions. These findings go in the same line with **Ali, et al., 2021** found that the highest percent of nurses had low levels regarding the both dimensions of organizational trust. Reversely **Sadek, et al., 2022; Atalla & Abdelaal, 2019; Basit & Duygulu, 2018** revealed that the highest percent of nurses trusted in their supervisors and in their co-workers.

Regarding care co-creation, the present study showed that more than half of nurses had perception low levels regarding total care co-creation. This may be due to experiencing high levels of workplace social undermining and low levels of trust that lead to

discord among nurses and affect organizational communication and exert a negative effect on interactions and care co-creations. Workplace social undermining has powerful negative effect on interpersonal interactions and hinder hospital goal attainment. This finding was contradicted by **Kuipers et al., 2020; Ofei & Paarima, 2021** stated that nurses showed acceptable levels of care co-creation and coordination that significantly improved over time.

Our finding showed that more than half of nurses had low perception levels regarding communication dimension of care co-creation. This may be due to more than half of Cardiology center nurses rarely communicated with their colleagues; regarding patient condition, or in timely manner about patient, or accurately about their patients, or even communicate with their colleagues to solve patients' problems.

The present result not supported by **Ofei & Paarima, 2021** found that effective communication between nurses and colleagues regarding patient care was critical in promoting collaboration and that mainly require knowledge sharing, and interaction among healthcare providers, patient, and their relatives along with hospital management. In the same line **Gittel, 2020; Kuipers, et al., 2022** asserted that effective communication is crucial for coordination of care and enhances continuity of care among the healthcare providers, and it can be enhanced significantly over time.

The present study finding showed that more than half of nurses had low perception levels regarding professional relationship dimension of care co-creation. This may be due to more than half of the nurses had less than ten years of experience so they may be afraid to share knowledge with others, they do not trust each other. These study findings were contradicted by **Ofei & Paarima, 2021; Ofei, 2015** they asserted that nurses require decent relationships among work colleagues to foster respect and produce a helpful atmosphere for patient care.

Respected and moral treatment of nurses in workplace enable them to embrace their connections with colleagues, and effectively coordinate the work processes. Respecting colleagues' efforts, opinions, ideas and appreciate their participation in solving work related problems and maintaining open channels of communication, allow nurses to coordinate work processes effectively (**Ofei & Paarima, 2021**).

Regarding Correlation, our study finding showed that there were significant negative correlations between nurses' perception of workplace social undermining, and organizational trust, and care co-creation. This could be due to social undermining destruct trust and consequently affect care co-creation among nurses at the Cardiac Center. Workplace social

undermining prevents establishing and maintaining positive professional relationships as it leads to dissatisfaction among nurses. So, occurrence of social undermining can cause some nurses to engage in negative behaviors including mistrust, poor interpersonal relationship and communication.

In the same line **Anwar & Sidin, 2016** declared that workplace social undermining and care co-creation are interrelated. These findings were support by **Karthikeyan, 2017**; who declared that social undermining destroyed interdependence and co-creation among nurses and reduced organizational values and trusting in each other. In addition, **Khan, 2022**; indicated that exposure to workplace social undermining is more likely to create a mindset of distrust in the interactional process, as it causes ineffective communication and poor interpersonal relationships that destroy nurses' trust. Moreover, **Ostergaard, 2015**; **Chen et al., 2015** mentioned that nurses' organizational trust nurtures the multidisciplinary approach with good communication and collaboration and reveal more care co-creation.

Conclusion

From the present study results we conclude that more than half of nurses perceived a high level of overall workplace social undermining. Also the majority of nurses perceived a low level of perception regarding overall trust in their organization. More than half of nurses perceived a low level of overall care co-creation. There was a significant negative correlation between nurses' perception of workplace social undermining, trust, and care co-creation.

Recommendations

Based on the findings of the present study, the following are recommended;

- **Hospital administrator**, Set a zero tolerance policy of workplace social undermining and continually asses its occurrence.
- Implement educational programs about social undermining.
- Establish supportive environment that prevent workplace undermining
- Ensure open channels of communication between nursing supervisors and nurses to provide transparent flow of information
- **Nurse supervisor**, appreciate and recognize nurses' positive contributions,
- Share decisions, ideas, skills and knowledge with nurses
- **For further studies**, investigate the effect of social undermining on nurses' performance.
- Investigate factors contributing to occurrence of workplace social undermining

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