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Organizational Support and Workplace Ostracism as Perceived by Nurses at Menoufia University Hospital

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Abstract: **Background**: Organizational support and workplace ostracism are intertwined when employees perceived adequate organizational support, they are less likely to experience ostracism. Conversely, ostracism can undermine organizational support, creating a toxic work environment. **Purpose**: To determine the relation between organizational support and workplace ostracism as perceived by nurses at Menoufia University Hospital. **Design**: A correlational research design was used. **Setting**: The study was conducted at critical care units and general departments in Menoufia university hospital. **Sample**: A simple random sample technique of 305 nurses constituted the study sample. **Instruments**: Two instruments were used, which are perceived organizational support questionnaire and workplace ostracism scale. **Results**: More than three-fifths (61.6%) of studied nurses had high perception level of organizational support, while the minority (18.7%) of them had low level of perception. Moreover, more than two-thirds (68.5%) of studied nurses had low level of perception of workplace ostracism. **Conclusion**: There was a highly statistically significant negative correlation between organizational support and workplace ostracism as perceived by studied nurses. **Recommendations**: Hospital administrator need to conduct training programs for nurses and nursing managers to clarify behaviors and ethical standards that increase organizational support and decrease workplace ostracism. Workshops about group cohesion and team work should be conducted to help nurses to manage stressful situations and limit occupational dissatisfaction.

Keywords: *Nurses, Organizational support, Workplace ostracism.*

Introduction: -

Healthcare is one of the fundamental needs of every community. Hospitals are key organizations within health systems, playing a crucial role in providing healthcare services. One of the most vital roles in hospitals is nursing. Nurses are at the core of efforts to maintain the quality of health

services in healthcare settings, ensuring that patients receive the best care possible (O'Hara et al., 2024). Contemporary organizations require nurses who are emotionally connected to their work, prepared to fully engage in their roles, and proactive in going beyond their job descriptions. Organizations need nurses who are committed to high-quality performance standards and who bring energy and dedication to their work (Wiedermann et al., 2024).

Organizational support refers to the level of care, concern, and resources provided by an organization to its employees, specifically nurses in this context. This concept encompasses a wide range of strategies, perceptions, and practices that create a positive and empowering work environment, where nurses feel valued, secure, and motivated to perform their roles effectively. Beyond resource allocation, organizational support includes emotional, psychological, and professional backing, which together foster personal growth, job satisfaction, and overall performance (Moloney et al., 2020). When nurses perceive organizational support, this perception strengthens both their cognitive and emotional evaluation of their job, helping them achieve a balance between work and personal life (Aldabbas et al., 2023).

Perceived organizational support affects nurses' performance by fostering a sense of loyalty, emotional involvement, and commitment. Nurses who feel supported are more likely to expect rewards for their performance, thereby enhancing their productivity, engagement, and well-being (Chang, 2020). The perception of organizational support among nurses is shaped by various factors, including organizational policies, leadership styles, and workplace relationships. A significant influence on this perception is fair treatment and recognition. Nurses who experience equitable treatment and acknowledgment of their contributions are more likely to perceive their organization as supportive. For example, consistent performance evaluations, transparent decision-making, and fair workload distribution play key roles in shaping this perception (Zagenczyk et al., 2021).

Workplace ostracism is an increasingly studied phenomenon in organizational behavior, reflecting the subtle but impactful ways in which nurses may be excluded or ignored within their professional environments. Defined as being excluded, ignored, or marginalized by colleagues or supervisors, workplace ostracism is a pervasive and harmful issue in many industries, including healthcare. It affects not only interpersonal relationships but also the overall functionality of healthcare teams (Gamian-Wilk et al., 2021). Workplace ostracism in the nursing context refers to the extent to which nurses feel excluded or ignored by others, which can significantly impact their performance, emotional well-being, and job satisfaction. Studies have shown that this phenomenon can have detrimental effects on organizational outcomes, including reduced individual

performance and overall team effectiveness (Shafique et al., 2020).

Ostracism in the workplace is important to address because it is closely linked to several job attitudes and behaviors. It is associated with lower job satisfaction, reduced organizational commitment, higher burnout rates, and higher intention to leave the organization, although it is less directly connected to actual turnover. Several factors contribute to workplace ostracism, including individual characteristics such as personality traits, as well as organizational and environmental factors. Nurses with high levels of neuroticism or low extraversion, agreeableness, or conscientiousness are more likely to experience ostracism (Howard et al., 2020). Additionally, interpersonal conflicts, power dynamics, and organizational cultures that inadvertently enable exclusionary behaviors can all contribute to ostracism in healthcare environments (Dahiya et al., 2024).

Moreover, organizational support can help mitigate workplace ostracism by addressing its root causes. For example, when nurses feel that supervisors are approachable and attentive to their concerns, they are less likely to experience social exclusion. Supportive policies, such as conflict resolution mechanisms and training in interpersonal skills, help create an organizational culture that discourages ostracism. Understanding the link between organizational support and ostracism highlights the importance of fostering supportive work environments to improve workplace relationships and reduce ostracism (Dhir et al., 2023).

Significance of the study

Nowadays, hospitals are confronted with greater competition and more limited resources than ever before, along with various external and internal challenges that hinder healthcare organizations from achieving their goals effectively and efficiently. These obstacles make it increasingly difficult for healthcare systems to deliver high-quality care and meet the growing demands of the patient population. In this context, organizational support has emerged as a critical factor in enhancing work quality and reducing workplace ostracism, especially in rapidly evolving professions like nursing. Research indicates that when employees perceive high levels of organizational support, they feel a sense of obligation to reciprocate through improved performance, leading to enhanced organizational commitment and overall job satisfaction (López-Ibort et al., 2021)

Additionally, research underscores that organizations with high levels of support not only mitigate the adverse effects of ostracism but also foster a culture of loyalty and high performance. Studies have shown that when nurses feel supported by their organizations, they are more likely to stay committed to their roles, collaborate effectively with their colleagues, and provide high-quality care to patients (Xie et al., 2021). So, this study was conducted to determine the relation between organizational support and workplace ostracism as

perceived by nurses at Menoufia University Hospital.

Purpose:

To determine the relation between organizational support and workplace ostracism as perceived by nurses at Menoufia University Hospital.

Research questions:

To fulfill the purpose of this study, the following research questions are formulated:

1) What is the level of organizational support as perceived by nurses in Menoufia University Hospital?
2) What is the level of workplace ostracism as perceived by nurses in Menoufia University Hospital?
3) What is the relation between organizational support and workplace ostracism as perceived by nurses in Menoufia University Hospital?

Methods

Study design:

A correlational research design was used in conducting this study.

Study Setting:

The study was conducted in the critical care units and general departments of Menoufia university hospital at Shebin El-Kom city. It was affiliated to the university sector. It was established in 1993, it is considered one of the largest hospital in Delta region of Egypt. The bed capacity of the University hospital is 1070 beds. This hospital is divided into four buildings, three of these buildings are interlinked, and one separate building namely oncology institution.

Study sample:

A group of staff nurses were used to achieve study purpose.

Sample size:

The total population at Menoufia university hospital is 1200 nurses which are distributed into 800 nurses at critical units and 400 in medical departments. The sample size was calculated using the following equation: Sample size was determined by using Yamane, formula (1976) to assess the sample size of staff nurses.

$n = N/ (1+N (e)^2)$

N= is the total number of staff nurses.

n = is the sample size.

e is coefficient factor = 0. 05.

1= is a constant value.

The sample size of staff nurse at Menoufia University Hospital is 1200 / $(1+1200\times (0.\ 05)^2$ = 300 nurses. The sample was increased to 305 to avoid attrition error.

Sampling technique:

A simple random sample technique of 305 nurses selected from critical care units and general departments from previously mentioned study setting constitutes the study sample. A list of all nurses working in Menoufia university hospital was prepared. Each staff nurse was marked with a specific number (from 1 to 1200). Using the ideal bowl method, the investigator assigned a number to each member of the staff nurses in a consecutive manner, writing the numbers on separate pieces of paper. These pieces were folded in the same way and mixed in the container. Finally, samples were taken randomly from the box by

randomly selecting folded pieces of paper with replacement so that each staff nurse had an equal chance to be included in the study sample size.

Instruments:

To achieve the study purpose, two instruments were used for data collection which are organizational support scale and workplace ostracism scale key. Personal characteristics including "age, sex, marital status, educational qualifications, hospital name, and years of experience in the nursing profession and working units were collected too.

Instrument one: Organizational support Scale

It is self-administered scale. It was developed by Kraimer & Wayne (2004) and adopted by the investigator to assess organizational support from nurses' perspective. It consists of 12 items categorized into three domains: career, financial, and fairness support, each domain includes four items.

Scoring system:

Responses was measured on a five-point Likert scale as (1) = strongly disagree, (2) = disagree, (3) = neutral, (4) = agree, (5) = strongly agree). The total score ranged from (12-60) and it was categorized by cutoff point factors into three levels: low < 50% (12-29), moderate from (50 - 75%) (30-45) and high >75% (46-60) (Kraimer & Wayne, 2004).

Instrument two: Workplace Ostracism Scale

Workplace ostracism scale is a self-administered scale that was developed by Ferris et al., (2008) and adopted by the investigator to assess workplace ostracism from nurses' perspective. It consisted of 10 items divided into two dimensions. "Others opinion and personal opinion".

Scoring system:

Responses were assessed using 3-points Likert scale (1score for disagree to 3 scores for agree). The overall score would therefore range from (10-30). The level of workplace ostracism was considered high if the percent score was more than 75% (23-30), moderate from 60%- 75% (18-22), and low (less than 60%) (10-17). Higher scores indicate a stronger sense of workplace ostracism (Ferris et al., 2008).

The instruments' validation:

The instruments were translated into arabic and submitted to the group of 5 experts (Professor and assisstant professor) in field of nursing administration from Faculty of Nursing, Menoufia University and Benha University to test its content validity accordingly the necessary modifications were done.

Reliability of the instruments

The reliability of perceived of organizational support questionnaire by using Alpha Cronbach test is 0.992, indicating excellent reliability. While, reliability of organizational ostracism scale by using Alpha Cronbach test is 0.991, indicating excellent reliability.

Ethical consideration:

The study was conducted with careful attention to ethical standards of research and rights of participation. A

written approval was obtained from Ethical and research committee of Faculty of Nursing-Menoufia University N. (956). The respondent rights was protected by ensuring voluntary participation. So, the informed consent was obtained after explaining purpose, time of conducting the study, potential benefits of the study, how data was collected, expected outcomes and the respondent rights to refuse to participate in the study. The respondent was assured that the data was treated strictly confidential. Furthermore, the respondent anonymity was maintained as they was not required to mention their names.

Pilot study:

The researchers conducted a pilot study before using the final instruments. A pilot study was carried out on 10% (30) nurses to evaluate the clarity, applicability of the study instruments and to determine obstacles that may be encountered during data collection. It was helpful to estimate time that used in data collection. The data collection period was two months. No required modifications were done. So, the pilot study subjects were included in the main study sample.

Data collection Procedures:

Self-administered structured scale was used by the researchers after translating it into Arabic. An official letter was sent from the Dean of the Faculty of Nursing containing title and explaining the purpose and methods of data collection to the director of Menoufia University Hospital. Moreover, a short briefing was conducted to orient nurses to the objectives, possible risks and benefits of the study to gain cooperation to participate in the study. Data was collected through distributing two questionnaires to nurses in all units and departments. Data was collected in a period of two months, from the beginning of September 2023 until the end of October 2023, in the morning and afternoon shifts with average four days/ week. The average number of filled scale were 7-9 per day.

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 ±SD). Mean percentage used to rank dimensions of organizational support and work-place ostracism when their total score being not equal.

Non-parametric Chi-Square (x2) in one sample used to compare differences between levels of organizational support, as well as levels of and work-place ostracism among nurses at Menoufia University Hospital. Crosstab Chi-Square (x2) was used to test the association between row and column variable of qualitative data. Moreover, the Kolmogorov-Smirnov test and Shapiro-Wilk test were to test if data distributed normally or not.

The Kruskal Wallis Test was used to compare Mean in not normally distributed quantitative variables at more than two groups. While Mann-Whitney test Mann-Whitney test was used to compare mean in not normally distributed quantitative variables

between two groups. Pearson correlation and Scatter dot correlation were done to measure correlation between quantitative variables. R square is a goodness-of-fit measure for linear regression models. This statistic indicates the percentage of the variance in the dependent variable that the independent variables explain collectively. R-squared measures the strength of the relationship between your model and the dependent variable on a convenient 0 – 100% scale.

For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, P-value ≤ 0.01 was considered highly statistically significant. While p-value> 0.05 was considered not significant.

Results

Table (1): It describes that more than half (54.8%) of nurses' age were ranged from 20 < 30 years with a total mean of (31.39±8.2). Regarding marital status, more than three-fifths (64.3%) of them were married while one-third of them were single. Considering years of experience, more than two-fifths (47.2%) of them with a total mean of (7.49±6.2). Additionally, more than half (53.8%) of them were working at critical care unit.

Table (2): Represents ranking the dimensions of organizational support as perceived by studied nurses. As noted from the table, it shows that, career support gained the higher mean score (14.66±3.8) and ranked as the first dimension of the organizational support as perceived by studied nurses. While financial support gained the lower mean score (13.71±3.9) and ranked as the last dimensions. In addition to the presence of a statistically significant difference among dimension of organizational support as perceived by studied nurses, at P=0.026**.

Figure (1): Illustrates level of organizational support as perceived by studied nurses. As evident from the table, more than three-fifths (61.6%) of studied nurses perceived a high level of organizational support, while the minority (18.7%) of them perceived a low level. In addition to, presence of a highly statistically significant difference among level of organizational support dimension as perceived by studied nurses.

Table (3): Represents ranking the dimensions of workplace ostracism as perceived by studied nurses. As evident from the table, workplace ostracism regarding other opinion gained the higher mean percentage (47%) and ranked as the first dimension of workplace ostracism as perceived by studied nurses. While organizational ostracism regarding personal opinion gained the lower mean percentage (46 %) and ranked as the last dimension. In addition to the presence of highly statistically significant difference between dimensions of workplace ostracism as perceived by studied nurses, at P = 0.000.

Figure (2): Illustrates level of workplace ostracism as perceived by studied nurses. As noticed from the table, more than two-thirds (68.5%) of the nurses perceived a low level of workplace ostracism, while the minority (9.2%) of them perceived a high level. In addition to, presence of a highly statistically significant difference among level of workplace

ostracism as perceived by studied nurses.

Table (4): Describes that there was a highly statistically significant negative strong correlation among dimensions of organizational support (career support, financial support and fairness support) and dimension of workplace ostracism (other opinion & personal opinion) as perceived by studied nurses at r ranged from -0.955 to - 0.873 & P = 0.000.

Table (5): Demonstrates that there was a highly statistically significant negative strong correlation between organizational support and workplace ostracism as perceived by studied nursing at r = 0.991 & P = 0.000.

Table (1): Frequency distribution of studied nurses regarding their personal characteristics (n= 305)

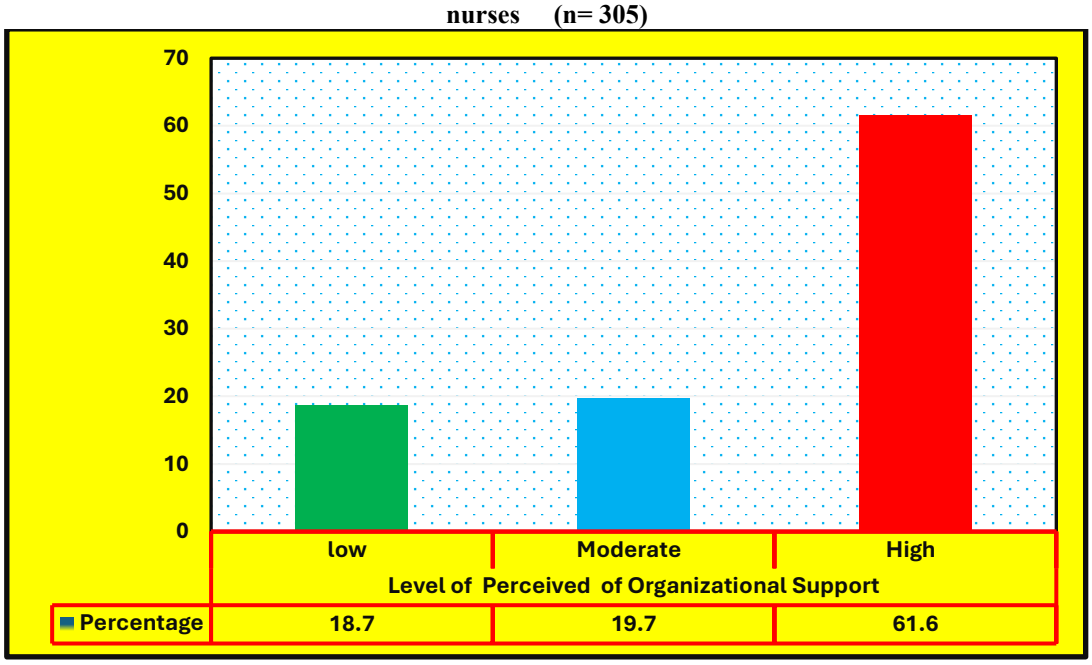
Personal characteristics		N	%
Age in year	20 < 30 years	167	**54.8**
	30 < 40 years	85	27.9
	40 < 50 years	35	11.5
	50 ≤ 60 years	18	5.8
	Mean ± SD	**31.39±8.2**	
	Rang:(Max-Min)	**34 (55-21)**	
Sex	Male	129	57.7%
	Female	176	42.3%
Marital status	Married	196	**64.3**
	Single	109	35.7
Years of experience	1 < 5 years	144	47.2
	5 < 10 years	71	23.3
	10 < 15 years	43	14.1
	15 < 20 years	20	6.6
	≥ 20 years	27	8.9
	Mean ± SD	**7.49±6.2**	
	Rang:(Max-Min)	**38 (39-1)**	
Working units	General department	141	**46.2**
	Critical care units	164	53.8

Table (2): Ranking the dimensions of organizational support as perceived by studied nurses (n= 305)

Organizational support dimensions	Min	Max	$\bar{x}$ ± SD	Rank	Kruskal Wallis Test	P value
Career support	4	20	14.66±3.8	1st	7.3	0.026**
Financial support	4	20	13.71±3.9	3rd		
Fairness support	4	20	14.40±3.9	2nd		
Total	12	60	42.77±11.6	-	-	-

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01

Figure (1): Percentage distribution of level of organizational support as perceived by studied nurses (n= 305)



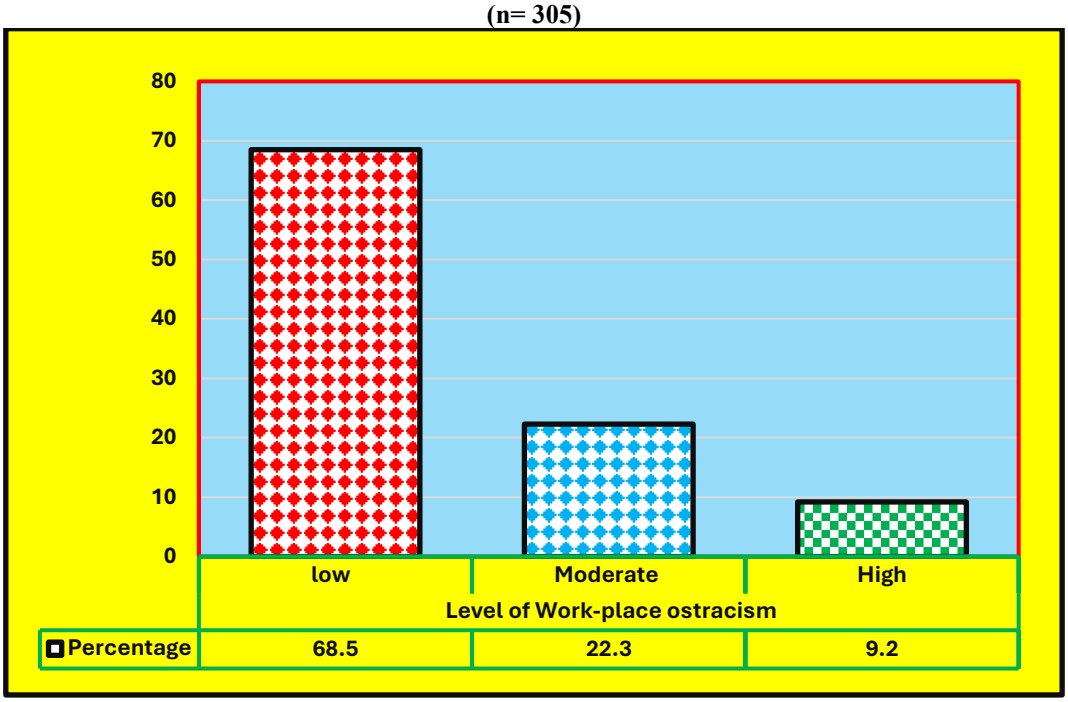
χ^2=110, P= 0.000**

Table (3): Ranking the dimensions of workplace ostracism as perceived by studied nurses (n= 305)

Workplace ostracism	$\bar{x}$ ± SD	Mean %	Rank	Mann-Whitney test	P value
Other opinion	9.95±4.2	47.0	1st	**19.7**	**0.000****
Personal opinion	4.14±1.8	46.0	2nd		
Total	**14.09±6.1**	**46.9**	-	-	-

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01

Figure (2): Percentage distribution of level of workplace ostracism as perceived by studied nurses (n= 305)



χ^2=177, P= 0.000**

Table (4): Correlation between dimensions of organizational support and dimensions of workplace ostracism as perceived by studied nurses (n= 305)

Workplace ostracism		Organizational support		
		Career support	Financial support	Fairness support
Other opinion	r	-0.903	-0.955	-0.919
	P	0.000**	0.000**	0.000**
Personal opinion	r	-0.873	-0.939	-0.890
	P	0.000**	0.000**	0.000**

*Significant p ≤ 0.05 **Highly significant p ≤ 0.01

Table (5): Correlational matrix between total score of organizational support and workplace ostracism as perceived by studied nurses (n= 305)

Items		Organizational support	Workplace ostracism
Organizational support	r		-0.937
	p		0.000**
Workplace ostracism	r	-0.937	
	p	0.000**	

*Significant p < 0.05 **Highly significant p < 0.01

DISCUSSION

Organizational support refers to the extent to which an organization values its employees' contributions, cares about their well-being, and fosters a supportive work environment. It encompasses actions that demonstrate appreciation, fair treatment, and access to resources for employees. Perceived organizational support has been linked to increased job satisfaction, reduced turnover intentions, and improved performance among nurses (Eisenberger et al., 2020). In contrast, workplace ostracism involves situations where employees are intentionally ignored or excluded by colleagues or supervisors, creating feelings of social rejection. This behavior may lead to negative psychological outcomes, such as stress, decreased self-esteem, and emotional withdrawal, ultimately affecting work productivity and engagement (Gamian-Wilk et al., 2021).

Therefore, the research study was conducted to determine the relation between organizational support and workplace ostracism as perceived by studied nurses.The discussion of the study results is presented in the following sequence: the 1st part: The level of organizational support as perceived studied nurses, the 2nd part: Level of workplace ostracism as perceived studied nurses, the 3th part: Correlational and regression findings between organizational support and workplace ostracism.

For the level of organizational support as perceived by studied nurses personnel, the findings of the present study revealed that more than three-fifths of nurses perceived a high level of organizational support, followed by one-third perceived a moderate level, while the minority of them perceived a low level of organizational support. From the researchers' point of view, the high perception of organizational support among nurses in the current study may be attributed to effective leadership, fair managerial practices, and structured professional development programs that enhance job satisfaction. Hospitals that prioritize career growth, financial stability, and workplace fairness create an environment where nurses feel valued and motivated.

In line with this finding, Ali et al. (2021), conducted a study titled "spiritual leadership and its relation to organizational trust among nurses at Menoufia University Hospitals", found that more than half of the studied nurses perceived a high level of organizational support, emphasizing the role of managerial fairness, active listening, and career development opportunities in shaping these perceptions. Additionally, Maung, (2024), conducted a study titled "The Effect of Talent Management and Leadership Styles on Organizational Performance Among Nurses at Pinlon Hospital", reported that hospitals implementing mentorship programs and performance-based incentives fostered a stronger sense of support among nursing staff.

In contrast with the study findings, Mengstie, (2020), who conducted a study about "perceived organizational justice and turnover intention among hospital healthcare workers" reported

low levels of perceived organizational support among rural hospital nurses, attributing this to limited resource availability and weak managerial engagement.

In relation to the Level of workplace ostracism as perceived by studied nurses, the results of the current study showed that more than two-thirds of studied nurses perceived a low level of workplace ostracism, while only a minority perceived high a workplace ostracism in relation to either others' opinions or personal experiences. From the researchers' point of view, this result may be attributed to a supportive work environment that emphasizes teamwork, fair leadership practices, and professional communication among healthcare staff. Such factors likely foster a sense of inclusion and reduce instances of social exclusion or feelings of being ignored among nurses. This finding was supported by Shafique et al. (2020), who conducted a study on "Workplace ostracism and deviant behavior among nurses" and reported that the minority of nurses experienced workplace ostracism due to positive organizational support and teamwork-oriented environments.

Similarly, this result was in harmony with a study carried out by Sakr et al. (2022), who studied "Ethical Leadership, Deviant Workplace Behaviors and Their Relation to Perceived Organizational Support Among Nurses." They found that fair and transparent management practices significantly reduced experiences of ostracism. Additionally, this study aligned with Al-Dhuhouri et al. (2024), who investigated the relationship between workplace ostracism and nurses' perception of ethical leadership and concluded that nurses treated fairly by their managers were less likely to feel socially excluded. Zahra et al. (2024) similarly reported that organizational support plays a critical role in mitigating social exclusion at the workplace.

In the same line, Moez et al. (2024), who conducted a study on "The Relationship Between Workplace Spirituality and Organizational-Based Self-Esteem Among Iranian Nurses," found that fostering an inclusive and ethical workplace environment significantly reduced feelings of ostracism. Furthermore, Elliethey et al. (2024) indicated that the majority of nurses perceived low workplace ostracism when managers promoted ethical communication and team-building efforts. The finding of the currently study reported that career support scored the highest mean percent among the organizational support dimensions, with a significant proportion of nurses acknowledging strong career-related assistance from their organizations.

In contrast, the findings of the current study disagreed with those of Elksas et al. (2024), who reported high levels of workplace ostracism among staff nurses, which they attributed to a lack of fair leadership practices, stress, and job dissatisfaction. Similarly, Swanigan, (2022) found that toxic leadership environments led to negative social interactions and increased workplace exclusion.

For the correlation between organizational support and workplace

ostracism, the findings of the current study revealed that there is a highly statistically significant negative correlation between the dimensions of organizational support (career support, financial support, and fairness support) and dimensions of workplace ostracism (both other opinions and personal opinions) as perceived by studied nurses. Additionally, the total organizational support score showed a strong negative correlation. Furthermore, linear regression analysis demonstrated that organizational support had a significant negative predictive effect on workplace ostracism. From the researchers' point of view, these findings suggested that when nurses perceived higher level of career, financial, and fairness support from their organizations, they are less likely to experience feelings of social exclusion or ostracism in the workplace. This may be attributed to the positive work environment created through organizational support, fostering a sense of inclusion and engagement among nurses.

These findings were in agreement with Yasir et al. (2020), who conducted a study titled "The mediating role of employees' trust in the relationship between organizational support and workplace ostracism" and found a negative and statistically significant correlation between organizational support and workplace ostracism. In the same line, Sakr et al. (2022), in their study on "Organizational support and deviant workplace behaviors," reported that when nurses received substantial organizational support, instances of workplace ostracism and exclusionary behavior were significantly reduced.

However, these findings contradicted with those of Nasir et al. (2024), who conducted a study on "Exclusion or insult at the workplace: responses to ostracism through employee's efficacy and relational needs with psychological capital" and reported a weak but positive association between organizational support and workplace ostracism. This discrepancy might be attributed to contextual factors such as organizational policies, leadership styles, and employee dynamics that differ across institutions and regions.

CONCLUSION

The finding of present study emphasized that, more than three fifths of studied nurses perceived a high level of organizational support. While, the minority of them perceived a low level of organizational support. Moreover, more than two thirds of studied nurses perceived a low level of workplace ostracism, while, the minority of them perceived a high level. Finally, there is a highly statistically significant negative correlation between perceived organizational support and workplace ostracism among studied nurses. Meanwhile, organizational support is a negative predictor of workplace ostracism among nurses.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

Hospital administrator need to conduct training program for nurses and nursing managers to clarify behaviors and ethical standards to promote work well

being and good communication. Proper strategies and coping mechanism should be developed to enhance organizational support. Workshops should be conducted about how to decrease ostracism and increase good communication that help nurses to manage stressful situations and limit occupational dissatisfaction. Nursing curriculae need to be evaluated and updated annually to include new trends in nursing administration as organizational support and workplace ostracism. This study can be replicated in different health care sectors for all healthcare professionals to generalize the results.

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