THE 19TH EDITION OF THE INTERNATIONAL CONFERENCE
EUROPEAN INTEGRATION
REALITIES AND PERSPECTIVES

Coping Strategies of Nurses in Response to Nosy Behaviors in the Workplace: An Exploratory Study

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Abstract: Employees typically value their privacy in the workplace and may feel irritated when confronted with nosy questions. This study aims to explore the coping strategies employed by nurses in response to nosy behaviors exhibited by their colleagues. Despite the significance of nosiness in the workplace, previous research has not extensively examined this phenomenon. Through an exploratory and qualitative approach, we conducted semi-structured interviews with 23 nurses from four hospitals in Isfahan province, Iran. Our findings revealed that nurses utilize maladaptive strategies such as reducing interaction with nosy colleagues and avoiding responses, as well as adaptive strategies like active confrontation and humorous responses. This study sheds light on the nuanced coping strategies nurses employ to manage nosy behaviors in the workplace, providing valuable insights for healthcare organizations to develop supportive environments that respect employees' privacy and foster positive interpersonal dynamics. Understanding these strategies can enhance workplace communication, promote professional boundaries, and contribute to a more harmonious work environment conducive to quality patient care.

Keywords: Nosiness; Curiosity; Behavior; Healthcare Organizations

1. Introduction

Curiosity in the workplace can yield both positive and negative effects. Lievens, et. al. (2022) delved into these dual aspects, exploring the "bright side of curiosity" for its positive impacts and the "dark side of curiosity" for its negative implications. However, the negative facet of workplace curiosity, particularly nosiness, has been relatively overlooked.

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Various definitions of nosiness provided by Currie (2021), Dave and Dodds (2012), and Johnson & Indvik (2000) converge on a common theme: an excessive interest or curiosity in matters unrelated to oneself, especially concerning others' affairs. This behavior often involves a desire to delve into personal lives, work habits, and performance beyond what is necessary or appropriate.

Research on nosiness in the workplace remains limited, with Currie's (2021) study standing out as a notable investigation into employees' perceptions of nosy behaviors and their impact on factors like interpersonal trust and knowledge dissemination. Currie (2021) views nosy behaviors as information-seeking actions aimed at acquiring irrelevant and often personal details about others. Soleimani Naeini, et. al. (2024) explored the effects of nosiness in the work environment of nurses. However, the strategies nurses employ when confronted with nosy behavior from their colleagues have not been thoroughly examined. Therefore, our study seeks to address this gap by investigating the coping strategies adopted by nurses in four selected hospitals in Isfahan, Iran when faced with questions deemed nosy.

This research offers theoretical and innovative contributions from two perspectives. Firstly, as previously mentioned, there is a scarcity of studies focusing on nosy behaviors in the workplace. The findings of this research regarding nurses' strategies for handling nosy colleagues can illuminate this underexplored area and enhance our understanding. Secondly, given that the participants are nurses, and healthcare professions, particularly nursing, demand high levels of empathy, compassion, and attention to detail, individuals in these roles are more susceptible to nosy behaviors (Soleimani Naeini, 2024). Despite the crucial societal role nurses fulfill and their significant responsibilities in delivering medical care to patients, a nosy work environment that compromises their privacy can lead to frustration and potentially impact their patient care delivery negatively.

2. Theoretical Backgrounds

The Oxford Dictionary offers a comprehensive definition of "nosiness", defining it as "the fact of being too interested in things that do not involve you, especially other people's affairs" (Oxford University Press, 2020).

Dave and Dodds (2012) characterize nosiness as an excessive interest in observing the actions of others, distinguishing it from altruistic motives rooted in genuine concern for others' well-being. Morton (2014) highlights in his research that curiosity often drives individuals to seek information beyond their immediate needs. This curiosity may arise from moral motivations or a thirst for knowledge, occasionally verging on the misuse of resources for investigative purposes. In both contexts, the impetus behind curiosity is the pursuit of knowledge (Morton, 2014). Nosy behaviors, as outlined by Currie (2021), involve prying for information, often of a personal nature, that is irrelevant and intrusive.

Perceived nosiness by a co-worker (A) can be defined as the belief or subjective assessment of employee (B), who perceives (A) as seeking irrelevant information. This information may encompass highly personal details or data on the productivity and performance of others, with (A) displaying these information-seeking behaviors more frequently than usual (Currie, 2021).

One theory that can elucidate nosy behavior is Lowenstein's (1994) "Knowledge Gap Theory." This theory posits that individuals seek information to reduce uncertainty and enhance their ability to make informed decisions. In the workplace, this quest for information may manifest as employees desiring insights into the behavior, performance, or personal lives of their colleagues.

3. Method

3.1. Research Design

In our study, we embraced a qualitative research approach, employing semi-structured interviews to delve into the strategies employed by nurses when confronted with colleagues' nosy behaviors. This method allowed us to capture the nuanced responses and coping strategies utilized in real-world scenarios. Furthermore, to comprehensively analyze the rich data gathered from these interviews, we applied thematic analysis. This analytical technique enabled us to identify recurring patterns, themes, and insights within the narratives shared by the participants, providing a deeper understanding of the strategies employed by nurses in managing nosy behaviors in the workplace (Braun & Clarke, 2006). The thematic analysis process involved a systematic and rigorous examination of the interview transcripts to uncover key themes and variations in nurses' responses, ensuring a robust and insightful analysis of the data (Guest, et. al, 2012).

3.2. Participants

This study involved 23 nurses from four hospitals in Isfahan province, Iran. The participants were selected using the purposeful sampling method based on specific inclusion criteria. Eligible nurses were those who had encountered nosiness from their colleagues in the workplace and could effectively articulate their experiences. Initially, participants were asked if they had ever been subjected to nosy questions by their colleagues. Upon a positive response, they were invited to participate in the interview process voluntarily. Following guidelines, the number of participants was determined by the depth and richness of each individual's data. After conducting 20 interviews, data saturation was observed, meeting the criteria for data saturation (Saunders, et. al, 2018). To ensure comprehensive data collection, three additional interviews were conducted, revealing no new codes and confirming the sufficiency of data to address the research objectives. Please refer to Table 1 for a summary of the participant's demographic characteristics in our final sample.

Table 1. Participant Overview

Interview	Gender	Age	Interview duration (minutes)
1	Female	20-30 years	20
2	Male	30-40 years	30
3	Female	20-30 years	25
4	Female	20-30 years	25
5	Female	20-30 years	20
6	Female	20-30 years	20
7	Female	20-30 years	20
8	Female	40-50 years	35
9	Female	20-30 years	31
10	Female	20-30 years	27
11	Female	40-50 years	24
12	Female	20-30 years	19
13	Female	40-50 years	38
14	Female	20-30 years	29
15	Female	20-30 years	40
16	Female	30-40 years	27
17	Female	40-50 years	42
18	Male	20-30 years	38
19	Female	20-30 years	25
20	Female	30-40 years	30

21	Male	40-50 years	37
22	Female	20-30 years	31
23	Female	30-40 years	40

3.3. Data Collection

Data collection took place between November 2022 and January 2023. The contact list, comprising the names and phone numbers of the nurses, was obtained from the hospital administrators at the research sites. Initially, each participant received a clear explanation of the study's purpose. Subsequently, after posing each question, participants were encouraged to seek clarification and confirm their understanding. This approach aimed to ensure participants comprehended both the initial query and subsequent questions effectively. Interviews varied in duration, ranging from 19 to 42 minutes, conducted either in person or via a secure online video conferencing platform like Google Meet.

During the interviews, the second author, serving as the interviewer, asked the nurses predetermined questions. For instance, participants were queried about their experiences of being spied on, their reactions to nosy questions, and their emotional responses to such nosy behaviors.

After obtaining participants' consent, all interviews were audio-recorded. Throughout the data collection phase, one researcher (the corresponding author) conducted a continuous review of both audio recordings and transcriptions of the interviews. This iterative process facilitated the identification of consistency within the evolving dataset and enabled the comparison of emerging data with previous findings to uncover new insights. By the conclusion of the 20th interview, thematic saturation (Saunders, et. al, 2018) was observed, as no new codes emerged. However, to ensure the saturation point was genuinely reached, data collection continued with three additional nurses interviewed and their data analyzed.

3.4. Data Analysis

All interviews were conducted in Farsi, and subsequently, the transcriptions were translated into English for data analysis. Thematic analysis was then utilized to examine the data derived from the interviews. The data analysis process adhered to the stages of familiarization, initial coding, sharing identified themes among researchers, modifying and labeling the final themes (Braun & Clarke, 2006). During this process, researchers collaborated to discuss initial codes and identify overarching themes. Subsequently, the identified themes, in conjunction with existing literature, were employed to formulate the study's findings and discussion (Table 2).

Table 2. Key Themes and Findings

Main Themes	Sub- Themes	Initial Codes	Quotes
Maladaptive strategies	Reducing interaction with nosy colleagues	Leaving the place and location	Well, if he wants to be very nosy, I will try to leave that environment; for example, I will say that the patient is dealing with me and I have to leave you. [P14]
		Limiting interactions with nosy colleagues	If I conclude that my colleague's questions are interfering with my privacy, I will limit my relationship with him and avoid him. [P10] I usually cut off communication completely with colleagues who ask questions that are annoying and who insist on prying because I feel like they will never be able to correct their behavior. [P18]
	Avoiding responses	Changing the discussion from a nosy topic to another topic (Deflection)	If I feel that she is invading my privacy with her questions and I am getting annoyed, I try to change the topic or divert her mind to another topic. [P1]
		Briefly answering the colleague's question	I try to speak very little, that is, say quick and short sentences so that she understands that I don't want to answer her. [P2]
		Keeping silent in front of a colleague's question	I usually try not to answer these nosy people and remain silent. [P17]
		Ignoring and making yourself unheard	I deal with her very casually and try to act as if I didn't hear her at all. [P6]
		Hiding important information and providing selective information	I try not to provide the information my colleague is seeking to avoid creating issues for myself. However, if the information pertains to her, I will disclose it. [P11]
Adaptive strategies	Active confrontation	Answering unrealistically	I lie to myself personally, because I can't tell him face to face that I don't want to answer you. For example, they ask me what is your Instagram ID. I say I don't have it. [P15]
		Answering quickly and with anger	For example, sometimes my colleague asks me why I am not married. In response, I swiftly turn around and assertively state that it is none of their business. [P9]
		Answering honestly	In some cases, with a partner who intends to be nosy, I tell her not to be nosy without any consideration. [P1]
		Expressing displeasure with a colleague's nosy behavior indirectly	I choose not to respond when she is being nosy, and afterward, I attempt to communicate my feelings through a mutual friend, expressing my discontent with her behavior and requesting that she refrain from repeating it. [P7]
	Humorous responses	Kidding	I try to answer my colleague with a joke, for example, he says to me why are you like this? I jokingly tell him, are you nosy? [P18]
		Laughing	When my colleague asks a question that I think is a kind of nosy question, do I laugh and ask him the same question? I usually pass by with a smile. [P23]

4. Findings

Our findings indicate that nurses in Iran employ two primary strategies, namely maladaptive and adaptive, in response to questions perceived as nosy. In the following sections, we will elaborate on each of these key strategies.

4.1. Maladaptive Strategies

In stress literature, maladaptive coping refers to ineffective strategies or behaviors used to manage stress, adversity, or challenging situations, often resulting in negative outcomes such as mental health disorders, substance abuse, and physical health issues. Examples of maladaptive behaviors include substance abuse, aggression, risky sexual behavior, and self-injurious actions. In our study, based on this literature, actions like reducing interaction and avoiding responses are classified as maladaptive strategies due to their potential for negative personal and social repercussions.

One of the simplest maladaptive strategies nurses employ to handle nosy individuals is to limit interactions with them. This reduction in interaction involves minimizing or, in some cases, completely cutting off communication, socializing, or even leaving the vicinity where nosy individuals are present. Additionally, avoidance represents a common social behavior nurses utilize to create social distance between themselves and their colleagues during interactions. Within the avoidance response strategy, nurses find ways to sidestep answering intrusive questions. For instance, when confronted with nosy inquiries, they may steer the conversation in a different direction, offer brief responses, ignore the question, or choose to remain silent, withholding the information sought by the nosy colleague.

4.2. Adaptive Strategies

Adaptive strategies, in contrast to maladaptive coping mechanisms, empower nurses to effectively confront and manage colleagues' nosiness with minimal harm and negative repercussions. One adaptive behavior exhibited by nurses is active confrontation. Active coping involves deliberate and purposeful actions individuals take to mitigate the physical, psychological, or social impact of an event or circumstance (Lazarus & Folkman, 1984; Lazarus, 1999). Various theoretical and empirical frameworks exist for understanding coping strategies, with "active confrontation" being one such category. Active coping entails employing psychological or behavioral efforts to utilize personal resources in addressing challenging situations (Zidner & Endler, 1996). These responses aim to either alter the nature of the stressful situation, modify perceptions and emotions related to it, or change one's reactions to the situation (Carroll, 2013). In active confrontation, nurses engage in actions like Answering unrealistically, answering quickly and with anger, answering honestly, and at times, Expressing displeasure with a colleague's nosy behavior indirectly.

5. Conclusion

The study on the coping strategies of nurses in response to nosy behaviors in the workplace sheds light on the intricate ways healthcare professionals manage intrusive questions from colleagues. Through qualitative research involving semi-structured interviews with 23 nurses from Isfahan province, Iran, the study uncovered a spectrum of coping mechanisms employed by nurses when faced with nosy behaviors. The findings revealed a dichotomy between maladaptive strategies, such as reducing

interaction and avoiding responses, and adaptive strategies, including active confrontation and humorous responses.

In exploring the nuances of how nurses navigate nosy behaviors, the study underscores the importance of understanding and addressing privacy concerns in the workplace. By delineating these coping strategies, the research provides valuable insights for healthcare organizations to cultivate supportive environments that respect employees' boundaries and foster positive interpersonal dynamics. Enhancing workplace communication, promoting professional boundaries, and creating harmonious work environments are pivotal outcomes of comprehending and addressing nosy behaviors effectively.

The study's contribution lies in its detailed examination of the coping strategies nurses employ, offering a roadmap for healthcare organizations to develop policies and practices that uphold privacy, enhance communication, and nurture a conducive environment for quality patient care. By recognizing the diverse coping mechanisms utilized by nurses, this research paves the way for fostering a workplace culture that values privacy, professionalism, and mutual respect among healthcare professionals.

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