

Managing Workplace Ostracism through Resilience in Healthcare Sector: A Qualitative Study

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Abstract

Purpose: The main purpose of the present study is to understand the negative consequences of workplace ostracism in the form of adverse event encountered by healthcare practitioners. The second major and unique aim was to establish resilience as a moderator which buffers the impact of workplace ostracism.

Design/Methodology/Approach: The approach used in this study is phenomenography, based on non-dualistic ontological perspective which investigates an individual's experiences of a phenomenon and also emphasize on understanding the different ways in which a phenomenon can be experienced and realised. The phenomenographic approach helped us to prepare a varied set of categories of description which is derived from the doctor's perception and understanding about the phenomenon of ostracism at their workplace. A total of 50 currently practicing medical doctors were approached at their work place for the data collection using purposive sampling technique. The respondents i.e. doctors were selected by asking some screening questions. However, only 18 of them were found to be qualified after the screening for a meaningful contribution to our study. Further, the data collected from these 18 respondent doctors through a semi-structured interview process which was later analyzed by employing a seven-stage analysis & interpretation process.

Findings: We found that workplace ostracism in the form of silent harassment has a strong negative impact on work related behaviors in context to healthcare sector. The employees who are being ostracized at work seems to be less engaged and energized at work and also the stress among them is high; this relationship can be well explained in the light of Conservation of Resources Theory. Also it is found that decreased engagement and increased stress further aggravates the intention to quit the job among healthcare employee. This relationship can be justified with the help of social exchange theory which suggests that behaviour of an individual is reciprocated.

Moreover, this study also highlight that not all doctors who are ignored

or avoided by their peers lose their well-being. In fact they bounce back with resilience. This study is unique as it also examines the role of resilience as a moderator which helps in reducing the deleterious impact of workplace ostracism on work related behaviours. The respondent doctors revealed that despite the fact that their social relations are a bit disturbed when they are ostracized, they believe that these situations will not remain same. Further, such events do not de-motivate them to provide effective medical services to their patients. Further, it is confirmed that the days on which level of resilience is low among healthcare practitioner, this makes them involve in maximizing the negative effects of ostracism at work.

Originality/Value: The present study is unique as it explores different outcomes of adverse event in the form of workplace ostracism which is the need of the hour. To the best of our knowledge this is the first study where we try to explore resilience as a moderator which affects the interplay of constructs like workplace ostracism, job engagement and workplace stress.

Keywords: Phenomenography, workplace adversity, ostracism, resilience, job engagement, workplace stress, intention to quit.

Introduction

Majority of individuals encounter workplace adversity in the form of mistreatment, which is an exclusionary behaviour. It can be active or passive, mild or severe, and covert or overt in nature (Hitlan et al. 2006). When an employee feels offended and humiliated at work because of being excluded by his colleagues, superior, etc. is labelled as workplace ostracism (Ferris et al. 2008). According to Eisenberger et al. (2003), workplace ostracism is a series of “painful and aversive experiences which causes a sense of social pain”. Blackhart et al. (2009) posited ostracism as a deliberate phenomenon of denied social contact to an individual when he needs the most of it.

From last two decades ostracism is being studied in different fields of social sciences like psychology, sociology etc. The concept is in its infant stage in context to organizational psychology (Ferris et al., 2008; Williams, 2007). Additionally, ostracism in past was mainly studied

under different labels like bullying, incivility, etc. rather than as a separate concept (Robinson et al. 2013). The past literature also highlights the negative psychological consequences of workplace ostracism which are found to be even more severe in comparison to direct bullying or harassment events at work (O'Reilly et al. 2015). Thus, workplace ostracism has been gaining widespread concern and regarded as an imperative research issue in both, the academia and industry.

Ostracism at work is apparently observed in various forms such as, offering a cold shoulder to an individual, avoiding eye contact, ignoring someone or sometimes not inviting an individual to social gatherings like business meetings or corporate parties, etc (Williams, 2002). The extant literature fosters workplace ostracism as a passive form of mistreatment which builds up on the perception of ostracized individual. Thus, Williams and Zadro (2001) reported ostracism to be more indirect and covert in comparison to workplace incivility or other such behaviours which are direct and clearly visible. Being ostracized by others is believed to bring emotional and physical pain to an individual (Eisenberger, 2012; Harnois & Bastos, 2018; Jahanzeb & Fatima, 2018). Additionally, ostracized employees are more prone to experience emotional exhaustion.

Workplace ostracism is a silent adverse work event that ruins an employee's physical as well as mental well-being (Chung, 2018). Hitlan et al. (2006) in a study reported that ostracism at work aggravates counter productive work behaviours like increased emotional exhaustion, increased intention to quit and also deteriorates an employee's physiological health. Workplace ostracism is predicted to cause severe and ubiquitous impact on employees and overall organizational health. The existing literature reports that most of the organizational members during their work life are either been ostracized or have ostracized others at least once. A study by Hitlan et al. (2006), reported that 13% of the employees who were surveyed over six-month duration experienced being excluded or ignored by others at work. In consistent with this, another study by Fox and Stallworth (2005) claimed that 66% of the surveyed employees faced social exclusion over a period of five

years. Thus, it becomes evident that almost every organizational member encounters ostracism at work.

Jahanzeb and Fatima (2018) demonstrated that an employee facing ostracism becomes de-motivated and does not wish to put extra efforts or time for the profit of his organization. Therefore workplace ostracism is very strongly linked with decreased enthusiasm and energy of an individual for his work (Gkorezis & Bellou, 2016). Not just this, in fact the employee being ostracized at work starts questioning his meaningful existence in the organization perceiving him as an unworthy asset for the organization. This further impedes the stress level of the employee and disturbs his mental wellbeing (Ferris et al. 2008). Workplace ostracism also impacts an employee's self-esteem negatively. And this impact is worse in comparison to the impacts of bullying and harassment at work (Williams & Nida, 2009). Additionally, workplace ostracism intensifies stress, depression, loneliness, etc. among the victimized employees and also impairs his creativity to perform organizational tasks with full efficiency (Lyu & Zhu, 2019).

The past literature has mainly focussed on the negative consequences of workplace ostracism. The present study is unique in the sense it also demonstrates the positive ways in which employees can handle the negativity of workplace ostracism. It is not always that adverse work events leave a negative impact on an employee's well-being. Zautra and Reich (2010) highlighted the mechanism of resilience which handles the adverse work event in a positive manner. Although, the concept of resilience has surfaced recently in association with adverse work events which occurs in the form of ostracism, bullying, harassment, physical violence, etc. (Gu & Day, 2007).

The present study elaborates the negative and positive consequences of workplace ostracism in context to healthcare sector. It is observed in the past studies that professions like healthcare, aviation, teaching, etc. are more prone to adverse work situations in view of stressful and unpredictable working environment (Jahanzeb & Fatima 2018; Vaithilingam et al. 2008). Blair and New (1991) also reported in a study that almost every healthcare

practitioner encounters adverse work event where the degree and its nature may differ. Thus, it becomes imperative to investigate the concept of workplace ostracism among healthcare employees, so that the positive resources can be channelized for the betterment of healthcare facilities and healthcare consumers.

Thus, in the above backdrop following research questions have been framed in this study:

RQ1: What are the negative consequences of workplace ostracism in context to healthcare sector?

RQ2: How does job engagement and work stress acts as a mediator between the relationship of workplace ostracism and intention to quit among healthcare employees?

RQ3: How does resilience moderate the relationship of workplace ostracism with job engagement and work stress?

The below section explores the present literature in the similar area. Further, the subsequent sections elaborate more on methodology, findings, discussion and conclusion of this study.

Conceptual Framework

On going through an extensive study of past literature, this section presents the underpinning theories which are used to explain the relationship between different variables of study. This section also elaborates various variables and their relationship assumed for the study. Further, a conceptual model is proposed based on the literature.

Underpinning Theories

The below section elaborates on the key theories which are used to explain the mechanism among the different variables.

Conservation of Resources Theory

According to COR theory (Hobfoll, 1989), every individual possess certain type of resources which are important to them. These resources can be in the form of physical objects, conditions (like car, hierarchical work status, employment, etc.) or personal resources (like personal abilities, self-esteem, etc.) which they consider valuable. Hobfoll (2011) reported that these resources help an individual to manage his stress level. In addition to this,

Bakker and Demerouti (2007) emphasized that both personal and social resources can lessen the emotional exhaustion and impede the levels of resilience in an individual. Thus, it is observed that an individual experiences stress when he loses these resources or threatened to lose the respective resources in near future (Hobfoll, 2002).

COR theory suggests that every individual attempts to the best to conserve and retain their personal resources in order to avoid stressful situations (Abbas et al. 2014). In consistent with COR theory, the present study suggests that when an employee encounters workplace ostracism, he suffers from resource loss. To prevent further resources loss, individuals are motivated to deploy strategies in order to stop this loss (Hobfoll, 2002). Therefore, ostracized employees are likely to detach themselves from the organization both emotionally and physically so that they can conserve their remaining resources and prevent further resource loss. This explanation is also consistent with William's (2002) need-threat model of ostracism.

Looking from the COR theory perspective, when an employee detaches himself emotionally from workplace, it prevents further resource depletion. The emotional detachment from the organization makes an employee less engaged, less committed and less loyal towards the organization. This further de-motivates him to redirect the remaining resources in a positive direction where he can save himself from excessive drainage of resources (Zheng et al. 2016). Moreover, he tries to balance his mental well-being by disengaging himself.

Social Exchange Theory

According to social exchange theory, social behaviour is the result of an exchange process. Blau (1964) represented social exchange relationships as one where “one person does another a favour in expectation of some future return, its exact nature is definitely not stipulated in advance”. Besides, this theory suggests that behaviour of an individual is reciprocated.

An individual's self-interest as well as social rationality is determined as potential driver for social exchange behaviours (Blau, 1964). It is observed that every human

being has the tendency to evaluate the benefits and risks associated with his interaction with others. Therefore, it is believed that employees get indulge in those social exchanges which they find beneficial for them. The present study has used social exchange theory in explaining the different relationships encompassing the various variables like job engagement, workplace stress and intention to quit.

Workplace Ostracism, Job Engagement, Intention to Quit

Williams (2007), defined ostracism as being ignored, excluded by individuals or groups or many times being treated as invisible or denying one's existence. Duffy, Ganster and Pagon (2002) reported workplace ostracism as passive undermining work behaviour which ultimately leads to deviant workplace behaviours. In addition to this, workplace ostracism is not a new concept, it exist in past literature since 1970's as claimed by Robinson and Schabram (2017). Earlier the construct of workplace ostracism is being studied under different headings like workplace deviance, workplace incivility, etc. (Bennett & Robinson, 2000). Recently, the researchers have started investigating workplace ostracism as a separate concept.

Workplace ostracism is an adverse work event in which an individual is being excluded or separated or ignored at workplace (Williams, 2002). Twenge et al. (2001) reported that a simple act of excluding someone is potent enough to lower that individual's self-esteem and make him lose his positive personal resources. Further, workplace ostracism results in decreasing an employee's morale (Zhu et al. 2017).

Bakker et al. (2008) defined job engagement as, “a positive, fulfilling, affective motivational state of work related well-being; which is characterized by vigor, dedication and absorption”. Shuck and Wollard (2010) claimed in a study that an individual, who is cognitively, physically and emotionally attached with his respective job tasks, is a highly engaged employee. Basically, job engagement is an individual's energy and enthusiasm towards his job task.

Highly engaged employees are less impacted by stress and can work for long hours under challenging environment was reported in a study on soldiers (Britt et al. 2005). In addition to this, it is postulated that employees who get

support from their seniors and colleagues are more motivated and their engagement level towards their work increases manifold (Salanova et al. 2005).

In the words of Hann et al. (2011), an individual's probability of leaving his job in near future is expressed as intention to quit. It is also observed through past literature that an individual's actions are directly determined by their intentions (McCarthy et al. 2007). Also it is postulated that an individual's intention to quit his job is determined by the perception he holds about his working conditions and environment. Some researchers explained it as a voluntary phenomenon in which an employee leaves the organization. The extant literature posits intention to quit as a behavioural outcome which is directly or indirectly allied with counterproductive work behaviours.

In the above backdrop, this study aims at investigating the mechanism underlying workplace ostracism, job engagement and an individual's intention to quit. Conservation of Resources theory suggests that an individual's positive personal or social resources deteriorate when he encounters ostracism at work. An ostracized individual tries his best to conserve and retain the remaining resources (Hobfoll, 2011; Hobfoll et al. 2018). Thus, in order to safeguard the remaining resources the ostracized employees disengage him from their job assignments and organization. They exhibit this behaviour in order to reduce their dependence on their organization and try to become self-sufficient in order to save themselves from further resource loss under adverse situations. In consistent with this, it was also confirmed that an employee under adverse working environment becomes less engaged and his propensity to exhibit work performance diminishes. Therefore, it is postulated that an employee's engagement towards his job decreases if he perceives exclusion and isolation at work by his seniors or colleagues.

Further, in line with Social Exchange Theory (Blau, 1964) it is claimed that when an individual's engagement level deteriorates at work his behaviour is reciprocated in a manner where he develops the intention to quit his job or in worst cases his profession as well. Thus, based on the theory we can posit that an individual reciprocates to what he gets from his organization. An individual, who is

ostracized by people around him, deteriorates his energy and enthusiasm towards his work. This further intensifies his intention to quit his job. Moreover, in the above backdrop the construct job engagement is posited to mediate the relationship between workplace ostracism and intention to quit.

Workplace Ostracism, Workplace Stress, Intention to Quit

In recent time, it is observed that almost every employee face workplace ostracism (O'Reilly et al. 2015). Because of passive nature of ostracism organizations do not label it as serious or heinous crime (Abubakar et al. 2018). In the extant literature workplace ostracism is tagged as an interpersonal stressor (Jahanzeb & Fatima, 2018). The mechanism of workplace ostracism with stress is still in its nascent stage particularly in developing countries (Chung, 2018).

According to Mullan (2014), a stressed individual suffers from mental disturbances which leads to building negative emotions and leaves them unproductive. O'Donnell and Macintosh (2016) postulated that an individual with less social support faces more problems both at personal and professional front and more prone to stress. The extant literature also supports that an ostracized employee is more prone to stress and depression (Ferris et al., 2008). In addition to this, an ostracized employee also suffers from frustration, sadness, embarrassment, indignity, etc. (Colligan & Higgins, 2006).

The relationship of workplace ostracism and workplace stress can be explained in the light of Conservation of Resources theory. When an employee is ostracized i.e. either ignored or excluded by fellow colleagues, this depletes valuable resources within an individual (Leung et al. 2011). Every individual wants to prevent this resource loss and conserve its resources for maintaining well-being. In an attempt to protect the resources, individual's becomes anxious and thus under stress. Conservation of Resources theory posits that "stress occurs when the key resources of an individual are threatened with loss or is lost; stress also occurs when an individual fails in gaining those key resources" (Hobfoll et al., 2018).

Every human is a social being and possesses social needs. For an employee, work, affiliation, belongingness, care from peers and seniors are important positive resources. If an individual suffers exclusion or rejection at workplace, it increases stress in him because of potential loss of social resources. Thus, it is posited that an individual facing ostracism at work is the one whose well-being is disturbed and is under stress.

Further, Applebaum et al. (2010) posited that when an employee's performance decreases, his intention to quit increases when he is under job stress. An individual's work stress level shares a direct relationship with his intention to quit his present job (Chen et al. 2011). The mechanism of workplace stress and intention to quit can be explained in the light of Social Exchange theory (Blau, 1964). According to theory, individuals have the tendency to reciprocate behaviours; they give to each other what they receive from them. In case, individual faces ostracism at work, his mental well-being is lost which ultimately leads to increased levels of work stress. This increased stress level aggravates his intention to quit present job. This is because an individual does not want to be associated with that workplace which makes him feel secluded and isolated. Thus, in the above backdrop the theory suggests a strong mediation role of job stress between workplace ostracism and intention to quit.

Resilience as a Moderator

Resilience is an individual's ability to utilize positive mental skills for balancing his psychological well-being and managing everyday workplace challenges. De Terte et al. (2014) defined resilience, "as the ability of an individual to recover from a traumatic event or to remain psychologically robust when faced with challenging, traumatic or adverse event". Shi et al. (2019) reported that resilience does not eliminate the negative consequences caused by adverse work situations. In fact, individuals with resilient attitude understand that setbacks or traumatic work experiences are part and parcel of work life (Williams et al. 2017). They use all their strength to manage adverse situations which they come across.

The present study is unique as it explores a different

dimension, which suggests that even after being ostracized an individual does not lose his mental well-being. Thus, it is not always that people after facing challenging or adverse work situation in the form of ostracism are dissatisfied, frustrated, disengaged etc. Resilience has emerged as an individual's developable capability which motivates an individual to succeed even after facing adversity at work (Lyons, 2015).

In consistent with the above literature, Haq (2014) reported that all individuals do not exhibit negative consequences of ostracism. Hsu et al. (2013) claimed that individuals with high resilience have the potential to negate the impact of workplace ostracism. It is observed that resilient individuals have the tendency to interpret the motive behind their ostracism and due to this they are able to control its negative impact on themselves (Williams, 2009).

The role of resilience as a moderator can also be explained in the light of Conservation of Resources theory. The theory suggests that people having full faith on their capabilities have the tendency to bounce back in the adverse situation. Thus, when negative feelings increases in oneself due to social exclusion or ignorance; they recollect all their remaining positive energy and resources and face the situation with full confidence. Moreover, such people do not get stressed when they are being ignored by others at work. In fact they work more diligently under such situation (Hobfoll, 2002; Hobfoll et al. 2018).

The past research strongly recommends that an individual with resilient capability shares a positive relationship with job engagement (King et al. 2016). When an individual possess resilient attitude, it is believed that he treat his work as meaningful (Fouché et al. 2017). The feeling that an individual's work is meaningful is directly linked to high job engagement level (Steger et al. 2013). Thus, based on the extant literature it is proposed that resilience acts as a moderator which buffers the affect of workplace ostracism on job engagement among healthcare workers. In line with this, resilient attitude in an individual is claimed to negate the harmful impacts of stress (Hobfoll et al. 2018). Thus, on similar lines this study also explores the moderating role of resilience which buffers the impact of workplace ostracism on workplace stress.

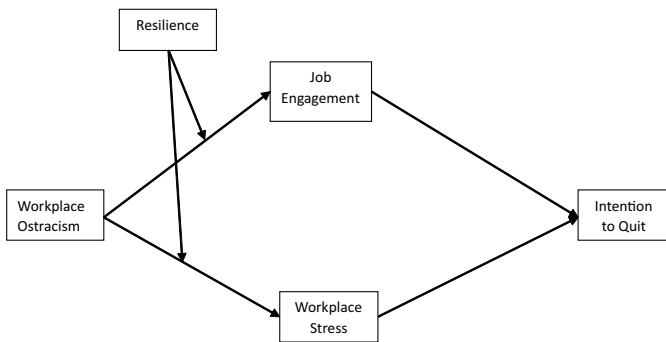


Figure 1: Conceptual Model

Research Methodology

In order to investigate and understand the differences the ways, the doctors experience ostracism at their workplace, this paper employs phenomenographic approach. According to Marton (1986), phenomenographic approach is a qualitative research technique which identifies, “different ways in which people experience, conceptualise, perceive and understand various aspects of, and various phenomena in the world around them”. The main aim of phenomenographic studies is not only to investigate an individual's experiences of a phenomenon but also emphasize on understanding the different ways in which a phenomenon can be experienced and realised (Marton & Booth, 1997).

In the above backdrop, Sin (2010) also reported that in phenomenographic studies; a phenomenon is not treated separately from a person who undergoes it. This kind of approach is based on non-dualistic ontology (Heidegger, 2005) which claims no distinction between the subject (person) and the object as experienced (the world). In this study, the main reason for adopting phenomenographic approach is to prepare a varied set of categories of description which is derived from the doctor's perception and understanding about the phenomenon of ostracism at their workplace. The different categories of description highlights the similarities and dissimilarities in the experiences which are further logically linked.

Sampling Procedure & Data Collection

In the present study, for identifying the potential

respondents, purposive sampling was used which is regarded as a good sampling method in qualitative research (Marton & Booth, 1997). We approached doctors who were currently engaged in their medical practice. The respondents i.e. doctors were selected by asking some screening questions which helped us in identifying the right respondents who underwent the phenomenon under study. Thus, these screening questions helped in identifying those active doctors who faced exclusion or being ignored by their colleagues or seniors in last one year.

In this process, we met some respondents who directly did not experience social exclusion at work but witnessed when some person around them was being ostracized. Such respondents were excluded from the study, as they did not directly experience the phenomenon under investigation. The extant literature also recommends interviews as the best way to collect and understand the experiences of respondents in phenomenographic studies (Khan & Markauskaite, 2017).

In this study, a total of 50 participants were approached for the screening process but only 18 participants were selected for the final interview process. The first screening question, asked to all 50 participants was: In the last one year, have you ever experienced a situation where you were ignored or excluded by your colleagues or seniors at workplace? A total of 20 respondents out of 50 said they never felt as being excluded or ignored by people around them at work. Thus, 20 respondent doctors were removed from the study at the first stage. The second screening question was: Does this adverse event in the form of exclusion or ignorance have ever impacted your mental well-being positively or negatively? A total of 12 respondents out of 30 said that they never felt as if ostracism impacted their mental well-being either in positive or negative manner. Finally, a total of 18 respondents were selected for the final process. Thus, the sample size for this study was 18 close to the recommended sample size of 15-20 (Trigwell, 2000). The names of respondent doctors have been kept as T1, T2, T3 and so on to maintain their confidentiality. The demographic information of the respondent doctors has been presented in Table 1.

Table 1: Respondent Information

| S.No | Respondent | Gender | Qualification | Total Working Experience |
|------|------------|--------|---------------|--------------------------|
| 1 | T1 | Male | MBBS | 5 |
| 2 | T2 | Male | MBBS | 4 |
| 3 | T3 | Male | MS | 10 |
| 4 | T4 | Female | MBBS | 2 |
| 5 | T5 | Male | DM | 8 |
| 6 | T6 | Female | MDS | 3 |
| 7 | T7 | Male | MBBS | 5 |
| 8 | T8 | Male | MBBS | 9 |
| 9 | T9 | Male | BDS | 1 |
| 10 | T10 | Female | MS | 11 |
| 11 | T11 | Male | MBBS | 4 |
| 12 | T12 | Female | MBBS | 6 |
| 13 | T13 | Male | MS | 9 |
| 14 | T14 | Male | DM | 7 |
| 15 | T15 | Female | MBBS | 9 |
| 16 | T16 | Female | BDS | 3 |
| 17 | T17 | Male | MBBS | 6 |
| 18 | T18 | Male | MBBS | 5 |

*MBBS: Bachelor of Medicine & Bachelor of Surgery, BDS: Bachelor of Dental Surgery, MDS: Master of Dental Surgery, MS: Master of Surgery, DM: Doctorate of Medicine

In the present study semi-structured interviews were used in order to investigate the participant's experiences linked with the phenomenon of workplace ostracism (Stenfors-Hayes et al. 2013). The phenomenographic interviews are unique as they put extra emphasis on developing understanding between the respondent and the phenomenon. The prime objective of using semi-structured interview is to probe the participant and get more realistic experiences about the phenomenon without guiding the respondents. During the whole interview process, much of the talking was done by the respondents and the assumptions of the researcher are kept aside (Ashworth & Lucas, 2000). We started the interview with two open-ended questions. 1) How you felt after being excluded or ignored at workplace by your colleagues or seniors? 2) How you take your job and your profession after being ostracized at work? Further these two questions were supported by some probing queries (for example, “Can you give details of the event?”; “What kept you motivated?”; “what de-motivated you the most?”) for developing better understanding of the phenomenon.

Transcription of Data

After the interviews, all completed interviews were transcribed. Then all the interview audios were listened carefully so as to ensure that all the details as discussed by the respondents are recorded completely to verify and prepare the transcripts. This step helped in organizing the similarities and variations revealed by the respondents and further delineating them in to “Categories of description”.

Data Analysis & Interpretation

In order to identify the similarities and variation in the phenomenon, this study includes seven stage analysis and interpretation process proposed by Dahlgreen and Fallsberg (1991). The first stage is, Familiarization. In this step, we read all the transcripts and listen to the audio at least 3 times, so that we can introduce ourselves to the empirical material in a thorough manner. Compilation is the second stage which requires more serious reading of the material in order to identify the most relevant element from respondent's answer. In this we provided codes by

assigning number to the participant and writing page numbers (e.g.: T4,1). The third stage is Condensation where focus is on identifying 'significant phrases' in respondent's answers. This process helps in the next stage i.e. Grouping where similar expressions are grouped together to form a category. The fifth stage is Comparison where strict differentiation is made among different categories. The sixth stage is about Naming the different categories. The seventh stage is Contrastive Comparison of different categories.

Discussion

In this study, Supramaniam's (2015) approach is adopted for conceptualizing the framework. From the transcripts four categories were abstracted which involve; job engagement, workplace stress, intention to quit and resilience. In the below section, the different categories of description formed are explained and the respondents representative statements also mentioned.

Job Engagement

This category captures the experiences of doctors when they are being ostracized by their fellow colleagues or seniors at work. It is observed that a doctor with high enthusiasm and energetic towards serving patients becomes disengaged on being ignored by his fellow peers. This social exclusion impacts his cognitive and emotional engagement towards his work. For example, the respondent doctor's expressed their cognitive and emotional dimension of engagement by using these phrases:

“Yes, when my senior doctor ignores me, it ruins my enthusiasm towards the job” (T2)

“.....environment around me, obviously impacts my energy at work” (T4)

“Small gestures like greetings, when got unanswered at work; it impacts my energy in negative manner” (T6)

“I lose interest in my work, when my colleague doctors shut me out of the conversation at tea and lunch breaks.....” (T11)

“it is really sad, with whom you work they ignore you, this decreases my energy at work” (T18)

“Even if others ignore me at work, I still remain excited and interested in my job duties and responsibilities. In fact I like taking up such challenges” (T9)

Workplace Stress

This category describes how an employee is psychologically stressed when he faces ostracism at work, which ultimately ruins their well-being. In the course of interaction with doctors, they revealed that their mental well-being is lost when they perceive that people around them are not involving them in general conversations or purposefully they treat them as if they are not present there. For example the respondent doctors, expressed their feelings by using these phrases:

“When I feel ignored by others, I end up getting in to arguments with them and this ruins my mental peace” (T3)

“I am not at all appreciated by my senior doctors, even if I cure a very serious patient in an effective manner.....Yes, it bothers me” (T8)

“My heart is heavy when others refuse to talk to me over work breaks..... work get-togethers....” (T13)

“I feel harassed when my fellow colleagues don't invite me for a coffee break at work” (T17)

Intention to Quit

When a doctor experiences social exclusion, he may develop an intention to quit his job or in worst cases even his profession. This category elaborates on developing the understanding that why ostracized employee tends to develop such intentions. It is believed that an individual's intention is a potential indicator of his actual behaviour. Some doctors shared that when they feel ignored or excluded at work, they no more want to be associated with similar workplace. Contrary to this, some doctors are of the opinion that if they get handsome remuneration and enjoy their work, they do not wish to leave the hospital. To explain this category, the respondent doctors used respective phrases:

“Yes I have started looking for another hospital, because my colleagues never include me in break time gossips. This makes me feel ignored.....deteriorating my energy.....which I am not liking from sometime” (T1)

“many times I felt, that whenever I enter the tea area others use to leave.....this gives me an indication that I am not required....I won't mind switching this hospital” (T6)

“My social needs are not met at workplace, which makes me mentally exhausted....I am not able to take this....I am thinking to quit...” (T15)

“Yes I agree my colleagues don't share jokes with me, never return a smile back.....but it hardly matters to me.....because I am here to treat my patients, not to develop relationships” (T16)

Resilience

The past literature primarily highlights the counter-productive work behaviours when an employee perceives ostracism at work. This study is unique as it also captures the emotions where doctors claimed to be positive and optimistic even if they are being ignored or excluded by their fellow team members. The doctors under study stated such incidents as common and unavoidable. Further they revealed that these adverse events of ostracism can be easily managed by the person who encounters them at work.

“So what if people around me ignores me, don't appreciate my work.....my appreciation lies within me, I don't need from others..... In fact my optimism helps me to get even more absorbed in my work” (T5)

“I am mature enough to handle such things, if they exclude me....I from my side will take initiative....I am a very positive person” (T9)

“yes initially I felt bad when my colleagues never congratulates me for providing some good treatment to patients....but gradually I started praising myself, I started setting my own standards.....Such small celebrations by myself helps me in negating the stress...” (T12)

“I try to see positive in everything, I believe this way I will not waste my time and keeps me more engaged and focussed with my work?” (T4)

Discussion

This paper is unique as it explores the negative experiences of workplace ostracism and also it investigates how

resilient attitude of a healthcare worker moderates and buffer the impact of workplace ostracism on job engagement and work stress. This study also investigates the role of job engagement and workplace stress as an important mediator. In our opinion, this is the first study where such interplay among the different constructs is highlighted.

Negative Consequences of Workplace Ostracism

In healthcare, workplace ostracism is one form of adverse work event which makes a doctor lose his psychological well-being. Consistent with this proposition, our results indicate that when a doctor encounters ostracism, it severely deteriorates his enthusiasm towards his job. Also he comes under mental stress when he perceives that people around him are ignoring him. These results are in consistent with the extant literature, where it is posited that individuals ostracized at work exhibit counter-productive work behaviours (Yan et al. 2014). The results also indicate that a doctor with deteriorated energy, enthusiasm and vigor is more prone to develop intention to quit his job or in worst cases his profession. Further, the increased level of mental stress because of being ostracized is also one major reason for developing intention to leave the job.

Thus, it is evident from the results that when energy and enthusiasm of a doctor deteriorates at work, it may worsen the medical services which he provides to the patient. This can have serious implications for the doctor's career as well as for the hospital. Hence, it becomes very important for the individual doctor or the healthcare administration to understand the deleterious impact of simple phenomenon of ostracism at work. This silent harassment is more serious than some violent adverse work events.

Resilience as an Antidote to Workplace Ostracism

This study also aims at highlighting the fact that on facing adverse event in the form of workplace ostracism, it is not true that a doctor exhibits counter-productive work behaviour. This study is unique as it also examines the role of resilience as a moderator which helps in reducing the

deleterious impact of workplace ostracism on work related behaviours. These findings are supported by Conservation of Resources Theory (Hobfoll, 2011). The respondent doctors revealed that despite the fact that their social relations are a bit disturbed when they are ostracized, they believe that these situations will not remain same. Further, such events do not de-motivate them to provide effective medical services to their patients. Moreover, they believe that such events are momentary in nature and there are other ways to tackle these events, like starting a conversation themselves or they can stay positive and conserve their energy by thinking positive thoughts in their mind. They believe that such feelings come from within. So staying positive or pushing ourselves in to negativity depends on an individual's reservoir of resources.

Thus, the present study confirms that the doctors with high degree of positive resource in the form of resilient attitude are able to manage traumatic experience of ostracism. Thus, under the adverse working environment such healthcare employees were found highly engaged with their work and their stress level was also within the control. These findings are in line with past literature where role of resilience as a moderator was established in context to job insecurity, cynicism, etc (De Clercq & Belausteguigoitia, 2017).

The major implication is for individual doctors, where they need to explore their inner self and build a reservoir of positive resources within them. This reservoir will provide an inner strength, which helps them in managing the deleterious impact of workplace ostracism. Also the healthcare administration, can provide some training to the healthcare staff wherein they can be taught to stay positive and confident even when people around ignore them.

Conclusion

The social pain caused by the phenomenon of ostracism is invisible but the need of the hour is to conduct more studies in this direction in order to get rid of this silent harassment. This study provides new insights about doctor's experiences and interpretation about the concept and implications of workplace ostracism. Moreover, this study is unique as it investigates two opposite dimensions of

handling adversity at work in the form of ostracism in context of healthcare. Resilience attitude is presented as an antidote to manage ostracism at work and how possession of positive personal resources within an individual can help in balancing an individual's psychological well-being. The reactions discussed in the study reflect the varied personal resources possessed by individual doctors.

The present study is exploratory in nature, but it can also be viewed as a source for future research where the conceptual model can be explored in a wider perspective. Further, the respondent doctors were from Northern part of India, in order to generalize the findings, the further study can explore other areas as well. While investigating and understanding doctors experiences, we as researchers tried our best to refrain ourselves from adding our own judgement while interpreting the phenomenon. Despite this, there may be reflection of personal judgement in the findings.

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