

## The Relationship Between Workplace Ostracism, Job Stress and Job Satisfaction in Hospital Nurses

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### ABSTRACT

**Purpose** – The purpose of this study is to determine the effects of exclusion and work stress issues encountered by nurses working intensively in the healthcare sector on their job satisfaction. This study aims to evaluate the effects of organizational exclusion on work stress and job satisfaction, and to question what results can be achieved if an internal organizational trust environment is established, as well as what behavioral changes may occur among employees.

**Design/methodology/approach** – Within the scope of the research objective, data was collected from nurses working in the service sector through a face-to-face survey conducted between March 11, 2024, and June 25, 2024, at a public hospital in Izmir, Turkey, with a total of 418 participants. The data obtained were analyzed using the SPSS 25.00 Statistical Package Program. Correlation analyses were performed to examine the relationships between variables, and the results of the mediating effects of the variables were evaluated.

**Results** – Workplace exclusion has a positive effect on job stress ( $\beta=0.419$ ,  $p=0.000$ ). Moreover, both workplace exclusion ( $\beta=-0.233$ ,  $p=0.000$ ) and job stress ( $\beta=-0.533$ ,  $p=0.000$ ) negatively affected job satisfaction. Job stress increased the negative effect of workplace exclusion on job satisfaction ( $\beta=-0.455$ ,  $p=0.000$ ).

**Discussion** – Work stress has been found to mediate the effect of organizational exclusion on job satisfaction and to amplify this negative effect. Health managers should implement strategic activities to reduce nurses' stress levels and increase their job satisfaction. It would also be useful to identify the factors contributing to organizational exclusion and to develop solutions to address them.

## 1. Introduction

Organizations use physical, financial, and human resources to achieve their goals. Managers aim to promote the efficiency of an organization by taking into account the behavioral aspects of the organization's employees. In today's world, working life is important for both employees and employers. This importance increases in healthcare institutions because of the concerns about health felt by all members of a society. In this context, individuals want to receive quality healthcare services quickly, services that are located close to wherever they are when they need help. The relationships of the healthcare workers who provide this service with other employees in the organization, their sources of stress, and the level of satisfaction they feel from their work strongly affect the quality of healthcare service delivery. The strength of health organizations has a direct relation to the strengths of the health workers they employ. The health sector is an intensive user of technology. However, it still relies predominantly on human labor and it is health workers themselves who have to use this technology. Issues such as the work performed by health workers, the sense of solidarity or lack of it in the work environment, the fight against stress, and job satisfaction are all valuable in terms of understanding the relationships between health service providers, patients who benefit from health services, and health institution.

Workplace ostracism is a concept that is closely related to the interactions between all employees within an organization. Workplace ostracism is one of the barriers to developing a sense of solidarity and togetherness among employees. In particular, involves to the psychological needs of employees not being adequately met (Haq, 2014). Individuals working in locations where there is workplace ostracism may perceive and interpret

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the experience of “being excluded” in different ways (Çelik & Koşar, 2015). Exclusionary behavior can be seen more intensely in situations where group work is required. Such workplace ostracism can be “top-down”, initiated by managers in the organizational hierarchy or “horizontal” when it is practiced by an employee's colleagues (Khair & Fatima, 2007). In sectors involving a lot of human interaction and where teamwork is intense, such as the health sector, workplace ostracism is an undesirable situation and may negatively affect the atmosphere at work by potentially triggering interpersonal antagonism. This is especially the case among nurses (Attia et al., 2025).

Employees in different areas of work may be exposed to various negative factors and threats. Among these, stress can affect an employee in a silent and often invisible ways. A major reason for stress today is the increase in the speed of everyday life. While in the past, people were often threatened by various diseases, day-to-day stress is now an ever-present issue in human life. Sources of stress can involve both organizational and individual factors. Most often, organizational job stress occurs within a broad framework of work relationships. Examples of stressors include interpersonal conflict, role ambiguity, imbalance of authority and responsibility, excessive workload, ergonomic conditions, job insecurity, and time pressure. Examining the health sector, these and similar stress factors are found in both public and private health organizations (Yılmazzer & Eroğlu, 2010).

Healthcare workers spend the vast majority of their working life in healthcare organizations. If we consider this period to be an average of twenty-five to thirty years, job satisfaction is of vital importance in terms of both psychological and physical health (Telman & Ünsal, 2004). Managers always want to know how satisfied their employees are in the jobs. Job satisfaction is thus a desired outcome for both an individual and the organization that employs them. It is thus necessary to understand job satisfaction pragmatically, in terms of both leadership and effectiveness. Employees with high levels of job satisfaction exhibit healthier behaviors and contribute to the health of the organization (Özkalp & Kirel, 2018). In addition, the state should play a role in ensuring that patients are able to access effective health services in an equitable manner, as health is a fundamental right of all citizens (Diktaş Yerli, 2023). Managing all these processes is only possible if healthcare practitioners, including nurses, and service recipients both have a part to play.

The aim of this study was to assess the relationships between workplace ostracism, job stress and job satisfaction. To this end, a conceptual framework about workplace ostracism, job stress, and job satisfaction was first provided. Subsequently, research hypotheses were formulated, and a model was followed to collect and analyze data collect. The results obtained were discussed and evaluated in relation to various studies in literature, and the study concluded with various recommendations to health managers and relevant stakeholders.

## 2. Conceptual Framework

### 2.1. Workplace Ostracism

Workplace ostracism occurs when an employee is isolated from the work done in the organization and is ignored by other colleagues with whom they want to communicate, sometimes by the “silent treatment” (Mahfooz, 2017). Workplace ostracism may not only involve leaving an employee unattended but also overlooking them or treating them as “transparent” an excluding them from social intercourse with their colleagues (Koçel, 2015). Workplace ostracism is a different phenomenon from “employee rejection”. Someone who is rejected from the workplace is strictly deprived of any organizational communication. In exclusion, communication is not completely cut off, but it is only carried out at a low level. In workplace ostracism, the employee is not listened to, is deprived of important information shared elsewhere within the organization, and is prevented from participating in activities. Workplace ostracism is not to be taken lightly. It directly affects the structure and internal processes in organization. In this context, workplace ostracism can also be defined as “workplace bullying” (Hitlan et al., 2006).

The concept of “social exclusion” entered the literature in the 1970s. Workplace ostracism was addressed by Hitlan et al., and the first studies on workplace ostracism were conducted by Ferris et al. with a scale study (Hitlan et al., 2006; Ferris et al., 2008). There are two main pathways by which workplace ostracism occurs. The first involves the exclusion of the employee by their colleagues. The second involves exposure to exclusionary behavior by the organizational managers (Li & Tian, 2016). An employee who is excluded by

either colleagues or managers feels pain. Their self-esteem, feelings of control, and sense of purpose are all compromised, and their psychological wellbeing is thus threatened. In the face of exclusion, a person exhibits various physiological, emotional, and behavioral responses (Williams & Nida, 2011).

Workplace ostracism can have negative effects on both employees and organizations. When an employee's performance suffers, the organization's performance decreases in parallel. In addition, an employee may quit the job and, prior to this, engage in behavior which is counterproductive to the formation of "organizational identification" and "organizational citizenship" (Polatçı & Özyer, 2017). Someone subject to workplace ostracism may also react in different ways. They may try to "rejoin" a group from which they have been excluded by trying to communicate with those employees who have excluded them. Or they may prefer to disengage from any form of cooperation by engaging in negative behaviors. A person exposed to workplace ostracism no longer feels that they belong within an organization and this subsequently increases their loss of a sense of control at work. In this context, exclusion can have negative consequences on organizational productivity, organizational climate, and employee turnover (Halis & Demirel, 2016).

Healthcare is one of the sectors involving very intense human relations. In this context, the exposure of healthcare employees to exclusionary behavior will negatively affect their working relationships. To prevent this, it is useful to identify the organizational and individual factors that cause exclusion.

## 2.2. Job Stress

Stressful situations, which are a natural part of life, can be encountered at any time during our day-to-day routines. In addition, stress is one of the most talked about issues in working life. Factors such as long working hours, time pressure, intense workloads, etc., all serve to keep the topic of job stress on the agenda. This kind of stress has negative effects on the working individual as well as causing negativity within an organization. In addition to these social factors, such job stress can also pose a risk with regard to occupational health and safe (Keser & Güler, 2016).

Job stress can be seen in everyone working in developed and complex situations and organizations. Due to the high performance and productivity that the employer constantly expects from the employee, the fear of losing one's job and the obligation to meet these expectations create a strong pressure on the employee (Yürür & Keser, 2010). Job stress can also originate in having to interact with people who demand that an employee deviate from their normal professional functions (Saldamlı, 2008). In this context, in addition to individual job stress, organizational reasons can also cause job stress. The competitive and challenging working environments of today's world facilitate the formation of job stress and have emerged as a great danger to the employee (Aytaç, 2002).

Individual stressors are events lead an individual to feel discomfort in their normal daily life. If they occur too often or occur one after the other without allowing the person to relax, they can make stress chronic. Individual stressors include household chores, incompatibility between spouses, health problems, and ambiguity in roles and responsibilities. Organizational stressors include gender discrimination at work, sexual harassment, political conflicts, boredom, limited opportunities for professional development, and rigidity in the organizational structure (Sıgırnı & Gürbüz, 2017).

Emotional and behavioral disorders may arise in individuals who have experienced stress in their place of work. An individual experiencing stress may experience negative effects including anxiety, depression, irritability, impatience, lack of empathy, forgetfulness, and lack of willingness to participate in organizational decisions or to take the initiative (Güney, 2006). Job stress prevents an individual from achieving organizational goals. It becomes most evident in cases where an individual is not competent to deliver what is expected of them. This situation creates pressure on them. It also requires that their work life is managed in a healthier way (Keser, 2013).

Organizational stress and stress management include all the arrangements made to reduce or eliminate the stress experienced by employees in a work environment (Güney, 2006). Preventing organizational stress necessitates a participative management approach, ensuring that the goals of employees and employers overlap, and creating a positive climate. It also includes effective time management, organizing the necessary training programs, and improving working conditions (Can et al., 2006; Sökmen, 2010).

### 2.3. Job Satisfaction

In work life, job satisfaction is the sense of happiness and purpose that employees feel as a result of providing a service or developing a product with colleagues with whom they enjoy working (Bingöl, 1997; Özkalp & Kirel, 2018). Job satisfaction involves the emotional orientation that individuals develop toward their jobs. In the traditional approach, employees focus on their feelings towards their jobs. Whether or not a job creates satisfaction for the employee has a close relationship not only with their responsibilities in themselves but also to their sense of achievement they derive from their job (Hong et al., 2005). An individual's job satisfaction increases when harmony can be achieved between their expectations and the expectations of the organization they work for, and they will be more willing to engage in the tasks assigned them (Çalışkan, 2005).

In a globalized world, organizations now accept the need to place importance on their human capital, the most valuable asset of any enterprise, in order to achieve and maintain their competitive advantage. The more efficiently organizations can utilize this human capital, the easier it becomes for them to survive, grow and develop. In other words, creating a family-like environment for the organization and providing the highest quality service to its customers is only possible with the success of satisfied employees (Karaca, 2001). In contemporary organizations, managers want to have employees who are engaged with their work. In this respect, the satisfaction of healthcare workers strongly affects their attitudes and behaviors and how they deliver healthcare. As in other sectors, job satisfaction is now understood as a valid goal for healthcare workers, and this has brought a different perspective to healthcare managers (Gül & Gökçe, 2008).

Job satisfaction is affected by a range of different factors that emerge from both the organization and the employee. The individual and organizational factors that have an effect on job satisfaction are given below (Söyük, 2017):

Individual factors include age gender, marital status, educational status, title, social and cultural environment, personality. Organizational factors include type of work done, salary, job security, promotion opportunities, work environment, management style and managers, and organizational culture.

Among the most significant things that managers can do to increase employees' satisfaction in organizations is to make their work interesting. In this context, it is useful to consider the intrinsic characteristics of the job. Managers should be aware that paying their employees low wages will not attract high-quality employees to the organization, just as paying high wages alone will not create satisfaction. Creating a satisfied workforce does not guarantee improved performance by itself. It should be remembered that managers will achieve success by creating effectiveness at the organizational level and by prioritizing the human factor in all activities designed to change and improve the attitudes of their employees (Sabuncuoğlu & Tüz, 2016).

## 3. Methodology

### 3.1. Aim and Hypotheses

This study was conducted to explore the effect of organizational exclusion on job stress and job satisfaction, and the target population of the research consists of nurses employed in a public hospital in Izmir. In this context, the data collected from 418 nurses accessed from the population constitute the study sample, and all analyses were performed based on this sample.

Organizational exclusion can increase job stress by depriving employees of social support from their institutions. As a result, employees' motivation may be negatively affected, their overall job satisfaction may decrease, and their stress levels may increase. When reviewing the relevant literature, Öztürk and Hırlak (2024) found that the indirect effect of organizational exclusion on job stress through job completion was statistically insignificant. In another study, Paille (2011) found that perceived stress negatively affects job satisfaction. Organizational exclusion can negatively affect job satisfaction by causing employees to feel left out of the team. This situation can reduce employee motivation and decrease their commitment to the workplace. In related literature, Artar et al. (2019) concluded that when employees experience exclusion and psychological contract violations in their organizations, their job satisfaction levels are negatively affected. Another study by Temizel (2022) also explains that organizational exclusion negatively affects job satisfaction. Organizational exclusion has significant effects on employees' job stress and job satisfaction. Additionally, job stress amplifies the effect of organizational exclusion on job satisfaction. In addition, job stress is one of many

factors that influence the effect of organizational exclusion on job satisfaction. In this context, the proposed research hypotheses are presented below.

**Hypothesis 1:** Workplace ostracism has an effect on job stress.

**Hypothesis 2:** Workplace ostracism has an effect on job satisfaction.

**Hypothesis 3:** Job stress mediates the effect of workplace ostracism on job satisfaction.

### 3.2. Scales

The survey utilized in this study consisted of four sections. The first section contained demographic questions prepared by the researcher. The second section employed the Workplace Ostracism Scale, originally developed by Ferris et al. (2008) and translated into Turkish by Çalışkan and Pekkan (2020) (10 items). The third section used the Job Stress Scale–20, based on the initial instrument created by House and Rizzo (1972) and validated in Turkish by Tatar (2020) (20 items). The fourth section included the Job Satisfaction Scale, derived from the Minnesota Satisfaction Questionnaire introduced by Weiss, Dawis, England, and Lofquist (1967), with the Turkish short form established by Keser and Önden (2019) (5 items). All scales were administered using a five-point Likert format. Of the 600 distributed questionnaires, 418 were returned and analyzed. Reliability analyses yielded Cronbach’s alpha coefficients of 0.967 for workplace ostracism, 0.945 for job stress, and 0.767 for job satisfaction, all surpassing the 0.70 threshold, indicating that the scales used in this study were highly dependable.

### 3.3. Study Ethics

Permission to conduct the research was obtained from the Social and Human Sciences Ethics Committee of Sakarya Üniversitesi, with decision number 03 at meeting number 62 held on 11.10.2023. No ethical objection was raised to the research.

### 3.4. Data Analysis

Within the scope of data analysis, descriptive statistics, correlations, and analyses aimed at determining the mediating effect were performed. For this purpose, SPSS 25.00 and Process Macro v4.0 statistical programs were used. The findings obtained from the data analysis were evaluated at a 95% confidence interval and a 5% significance level.

## 4. Research Findings

### Demographic Results

The 408orkplace408c characteristics obtained from the 418 respondents are shown below.

Of the participants, 86.1% (n=360) were female and 13.9% (n=58) were male; 2.9% (n=12) had a high school education, 48.1% (n=201) had an associate’s 408orkpl, 38.5% (n=161) had a bachelor’s 408orkpl, and 10.5% (n=44) had a postgraduate 408orkpl. The participants’ mean age was 37.01±8.41 years, and the mean length of service was 14.18±8.52 years.

**Table 1:** Correlation Analysis

Variables	Mean	SD	1	2
1. Workplace Ostracism	1.681	0.718		
2. Job Stress	2.477	0.832	0.361	
3. Job Satisfaction	3.526	0.785	-0.417	-0.642

As shown by the correlation analysis in Table 1, there was a positive correlation between 408orkplace ostracism and job stress ( $r= 0.361$ ) and a negative correlation between 408orkplace ostracism and job satisfaction ( $r= -0.417$ ). There was also a negative correlation ( $r= -0.642$ ) between job stress and job satisfaction.

**Table 2.** Effect Analysis

Effect	$\beta$	S.E.	t	p	LLCI	ULCI
Constant	1.773	0.097	18.326	0.000	1.583	1.963
WO→ Job Stress	0.419	0.053	7.908	0.000	0.315	0.523
Effect	$\beta$	S.E.	t	p	LLCI	ULCI
Constant	5.237	0.098	53.654	0.000	5.045	5.429
WO→JS	-0.233	0.043	-5.457	0.000	-0.316	-0.149
Job Stress →JS	-0.533	0.037	-14.481	0.000	-0.605	-0.460

**WO:** Workplace Ostracism, **JS:** Job Satisfaction

As seen in Table 2, workplace ostracism had a positive effect on job stress ( $\beta=0.419$ ,  $p=0.000$ ). In addition, both workplace ostracism ( $\beta= -0.233$ ,  $p=0.000$ ) and job stress ( $\beta= -0.533$ ,  $p=0.000$ ) negatively affected job satisfaction.

**Table 3.** Mediating Effect Analysis

Effect		$\beta$	S.E.	t	p	LLCI	ULCI
Direct Effect	WO→JS	-0.233	0.043	-5.457	0.000	-0.316	-0.149
Indirect Effect	WO→ Job Stress →JS	-0.223	0.049			-0.326	-0.132
Total Effect	WO→JS	-0.455	0.049	-9.358	0.000	-0.551	-0.360

**WO:** Workplace Ostracism, **JS:** Job Satisfaction

As seen in Table 3, job stress mediated the effect of workplace ostracism on job satisfaction ( $\beta= -0.223$ ). Job stress increased the negative effect of workplace ostracism on job satisfaction ( $\beta= -0.455$ ,  $p=0.000$ ). According to these results, all hypotheses are accepted.

## 5. Conclusions

The results of this study reveal that workplace ostracism negatively affects job satisfaction through both a direct pathway and an indirect pathway involving job stress, with the significance of the direct effect confirming the presence of partial mediation. This outcome indicates that the harmful influence of ostracism is not conveyed solely through elevated stress levels; instead, it continues to affect job satisfaction even when stress is taken into account. Comparable findings were reported by Çelik and Turunç (2021), who demonstrated that adverse organizational interactions heighten stress and partially mediate its consequences for employees’ work-related attitudes. Likewise, Ferris et al. (2019) found that workplace ostracism lowers job satisfaction via stress while still exerting a meaningful direct effect, illustrating a partially mediated relationship. Overall, the present findings correspond with prior evidence in the domestic and international literature, underscoring the complex manner in which ostracism shapes job satisfaction through both direct effects and stress-driven indirect routes.

This study on nurses aimed to assess the effect of workplace ostracism on job satisfaction and job stress. It was found that job stress mediated the effect of workplace ostracism on job satisfaction, increasing its negative effect. In similar studies in the related literature, Erşan et al. (2013) concluded that the job satisfaction of healthcare workers, who are one of the most important components of the service sector, was low, while job stress was high. Pişkin (2001) concluded in his study that the achievements of nurses working in hospitals, the structure of the job, the ability to demonstrate their skills, career and development opportunities, and protective factors such as willingness to engage in teamwork and sensitivity to employee safety were factors in nurses’ job satisfaction. In addition, success and recognition positive affected job satisfaction. In their study on nurses, Yıldız and Görak (1993) found that the situations that caused job stress were a low number of nurses in the units where they worked, number of patients, excessive fatigue, and deficiencies related to medical supplies. In the study of Aştı (1993), it was observed that as the job stress of nurses decreased, the level of job

satisfaction increased. It is not possible for nurses working under severe stress to work efficiently. This is because, while they are trying to deal with the sources of this stress, employees are not able to focus on providing the adequate and desired levels of performance.

Tekingündüz et al. (2015) concluded that job satisfaction and job stress levels were important determinants of job performance among nurses. In another study, Yin Fah et al. (2010) concluded that job satisfaction and job stress had a significant relationship with a commitment to remain in the profession. In another study, Paille (2011) found that perceived stress negatively affected job satisfaction. Gül et al. (2008) determined that there was a negative relationship between job stress and job satisfaction in their study conducted in healthcare organizations. Kara (2010) explained in his study that job stress negatively affected job satisfaction. Deniz and Çimen (2022) concluded that exclusion at work had a positive effect on job alienation. The fact that there is no other study examining all three variables of job stress, job satisfaction and workplace ostracism simultaneously in the relevant literature means that the current research will be a reference point for future studies and contributes to the originality of the study. Manninen et al. (2024) showed that workplace ostracism encountered by employees in the healthcare sector is strongly connected with their levels of job satisfaction and job stress. The study further indicated, based on samples that involved nurses, that social ostracism produces a more pronounced negative impact than loneliness. Yang and Tan (2023) revealed that nurses' experiences of workplace ostracism heightened their levels of burnout through the mediating role of emotional labor. Accordingly, workplace ostracism appears to be linked not only with job satisfaction and stress but also with the demands of emotional labor and the broader burnout trajectory.

The high representation of female nurses in the sample approximates the demographic profile of the nursing profession; however, this gender dominance may pose a potential constraint when evaluating the links among ostracism, stress, and job satisfaction. Considering that prior studies have identified gender-related differences in stress perception and workplace interactions, this demographic pattern may partly shape the transferability of the findings. In addition, the markedly high share of female staff in hospitals in Türkiye and many other countries calls for thoughtful assessment of workplace dynamics in predominantly female work environments. The longstanding gendered nature of nursing further emphasizes the need to explore how socio-cultural gender roles may interact with experiences of ostracism and stress. Therefore, future studies incorporating a more gender-balanced sample distribution could provide deeper insights into how these relationships manifest across different demographic groups.

The findings of this study show that workplace ostracism affects job satisfaction both directly and indirectly through job stress, indicating a partial mediation effect and offering a more integrated explanation than earlier research. Although prior studies suggest that stress explains the connection between ostracism and job satisfaction, the continued significance of the direct effect here demonstrates that the model deviates from previous findings and reflects a multilayered impact structure. Thus, this study provides a distinct contribution by showing that the ostracism–stress–satisfaction link functions not only linearly but also through concurrent and more sophisticated routes.

The present study determined that workplace ostracism decreased nurses' job satisfaction and increased their job stress. For this reason, health managers should understand that to prevent workplace ostracism, they need to engage in activities that will increase the cohesion of employees' working relationships. It is important that managers initiate social activities both inside and outside the organization. They should strive to create a positive climate within the organization so that employees do not feel excluded or alone. In addition, workplace ostracism can be prevented by organizing activities outside the hospital, such as picnics, cultural trips, meals, and various social activities, which will also have a positive impact on nurses' job satisfaction. In this way, the stress levels of nurses, who are already working under difficult conditions and at an intense work pace, will be reduced, which will improve hospital performance, unit performance, and individual performance. As a result, the productivity of patients, healthcare managers, and nurses will increase, leading to a higher level of general public health. When employees move away from feelings of being ostracized in the workplace ostracism and can feel a sense of participation, this will in turn affect their satisfaction levels and reduce their job stress.

In this context, healthcare managers in hospitals should strategically engage in activities that reduce sources of nurses' stress and increase their job satisfaction. In addition, it will be useful to identify the factors that cause workplace ostracism and demonstrate willingness to resolve these issues.

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