WORKPLACE OSTRACISM, OCCUPATIONAL STRESS, AND JOB SATISFACTION AMONG MEDICAL DOCTORS

Ms. Tuba Kainat[1], Saleem Abbas[*2], Kainat Khan[3], Faiza Saeed[4]

[1,3]Department of Psychology, Riphah International University Faisalabad Campus;
[*2]Assistant Professor/Head of Department of Clinical Psychology University of Management and Technology; [4]Department of Psychology Government College University Faisalabad (GCUF)

[1]kainatjut@gmail.com; [*2]saleem.abbas@skt.umt.edu.pk; [3]kainatk995@gmail.com; [4]faizasaeed849@gmail.com

Corresponding Author: *

ABSTRACT

The purpose of this study was to examine the relationship between ostracism in the workplace, occupational stress and work satisfaction among doctors. After the extensive literature review following hypotheses was formulated 1). There would be a strong association between ostracism in the workplace, work-related stress, and medical doctor's job satisfaction, 2). Ostracism in the workplace and work-related stress would be strongly associated with job satisfaction. In the current study total 2 hundreds medical doctors were selected from different government hospital located in the Faisalabad city through purposive sampling method. To measure the psychological variable i-e. Work place ostracism scale, work place stress scale and job satisfaction scale were used in the current study. In the present study results were calculated by using descriptive and inferential statistics including linear regression and correlation. The 1st hypothesis of the study has been approved (P<.05) which shows significant correlation between ostracism in work place, occupational stress, and job satisfaction p<.05. The second hypothesis was also approved and shows significant findings (P<.05). At the end of the article implementation of the study, limitation and recommendations have been discussed.
Keywords: Ostracism, Occupational Stress, Job Satisfaction, Medical Doctors.

INTRODUCTION

All careers have their own set of benefits and responsibilities in human's lives, but medical doctors have played vital role to save the lives of human around the globe. Doctors are responsible for ensuring that the society remains healthy and productive for as long as possible but during the treatment of many severe illnesses they may face a lot of difficulties which can leads to the development of emotional problems among them. There are many features that contribute to obstacles in their professional career but one of the most important principles that have not been considered for many years is ostracism.

Workplace Ostracism characterizes a state in which an individual senses that he or she is unnoticed, excluded, unwanted, or omitted by others in the work place   (Zhao & Xia, 2017). Ostracism, that is, being debarred and

snubbed by others, is an extremely painful and intimidating experience for individuals (Howard, et al., 2020). At work, an employee may feel ignored or excluded by co-workers' behaviors, such as willful ignorance, denying eye contact, walking out of the room when entering, being ignored in a discussion, and not responding to him/her greetings, give him the cold shoulder or crush the requested information. These actions are hurtful and unpleasant to the workers who are ostracized (Chen & Li, 2019).

Ostracism arises as a method of personal segregation associated with a lack of communication (Sias, et al., 2012). It is a communicative act that takes place verbally (e.g. individual who is ostracized may refuse to talk to others) or non-verbally (e.g. evading eye contact with the individual who is being ostracized) (Ferris, et al., 2008). Thus, the approach

of being ostracized calamitous impacts on individual's diverse attitudes and behaviours.

Ostracism consistently negatively impacts employee behavior and feelings, where employees engage in many self-destructive acts (Haldorai, et al., 2020). Based on early research on social exclusion, workplace ostracism is also recognized as peer dismissal, social neglect, social segregation, rejection, and being "out of cycle" (O'Reilly et al., 2015). A study conducted by Huntsman School of Business of Utah State University found that 66% of employees have experienced some form of workplace ostracism. (Parker, et al., 2019). It is one of the most common instances in everyday life, and it has been reflected a widespread problem in organizations worldwide, including hospitality (Zhu, et al., 2017). Workplace mistreatment is studied as part of a larger category of mistreatment, and it has only recently been recognized as a distinct form of mistreatment.

Similar studies have suggested that workplace ostracism can affect employee engagement in the work place (Leung, et al., 2011). Ostracism in the workplace is a highly resilient factor that can overwhelms sense of community, and it can impede the provision at work (Robinson, et al., 2013) while stress is an essential part of all occupation. Hospital medical doctors are affected through the aspects that placed density on other healthcare workers, as well as the environment of their working condition and societal opportunities. Various stressors that may comprise patient precaution, patient potentials, patient families and contemporaries, and request accountabilities. Deprived waged situations and domestic duties can also be stressful. The basics of stress in doctors also vary depending on the type of medical practice and specialty (à Ile-Ife et al., 2020). Occupational stress happens when job-related factors intermingle with individual factors, causing in a change in the individual's psychological and/or physiological state (Clough et al., 2017; Saleh et al., 2020; Bernburg, et al., 2016).

When employees are ostracised, their expressive knowledge of others is cut off. People require social interactions to share sharing their emotions to enrich their emotional resources and to preserve their psychological and physical health (Heaphy & Dutton, 2008). An expelled employee may eventually lose their sense of belonging within the workplace because they are not recognized, approved, or accepted by others (Jamieson, et al.,

2013). Thus, it is essential to investigate the association between ostracism in work place and the consequences of stress (Wu, et al., 2012). These stress related elements and issues related to mental health problems are associated job satisfaction.

Job satisfaction is a measure of how satisfied employees are with their current jobs. The work/workplace situation has a multi-dimensional impact on employees' energy and satisfaction, and this helps to create a positive environment. Job satisfaction can have a negative impact on employee behavior which in turn disturbs organizational work (Singh, et al., 2019). Job satisfaction is an important factor in the protection of healthcare workers. Employment satisfaction of healthcare experts has been found to distress the quality of care, patient gratification and the occupational of healthcare experts. Job dissatisfaction can also have an impact on provider-patient ratio, long wait times and staff burnout (Abate, & Mekonnen, 2021).

Doctors' levels of stress and satisfaction at their jobs can negatively impact the quality of healthcare they provide Doctors are an important part of our healthcare system, and their satisfaction with their jobs is related to the quality and efficiency of the healthcare facilities they work in. Therefore, it is important to evaluate how satisfied doctors are with their jobs (Gedam, et al., 2018). Internal stimuli lead to larger satisfaction, while the lack of external factors helps to diminish dissatisfaction. The healthcare area is hard working where the quality of patient care facilities is directly linked to the employee's employment, motivation and their willingness to use the resources in the workplace. Job satisfaction is of great concern for doctors in today's healthcare environment, where they are no longer as essential as in the past. Doctors who are not happy with their jobs are more likely to be unhappy with their patients and experience physical and mental health problems. (Bhattacherjee, et al., 2016; Jasiwal et al., 2015; Yucel, 2012; Ikram, Khalid, & Hassan, 2021; Wu et al., 2012). As a result, it is important to explore the relevance of their job satisfaction with other factors, so that not only patient safety and quality of healthcare can be improved, but doctors need to better balance their work and family life. This study aim is to examine the main barriers of and causes of ostracism in workplace and its impacts on the mental health of the medical doctors.

Hypotheses
1.   There is an important link between workplace ostracism, occupational stress, and doctor job satisfaction.
2.   Workplace ostracism and job stress would be important predictor of job satisfaction.

Method
This methodological section provides a detailed guide on how data have been targeted, chosen, moral contemplations, reliance and rapport with the participants. It also comprises a depiction of measures, a procedure, and a statistical analysis.

Participants
For this study total 200 hundred participants randomly selected. Further participants were divided to two groups on gender basis includes one hundred male medical doctors and one hundred female medical doctors. All the participants selected from different socioeconomic status and there was not any age range specification. Those participants were selected for this study who is currently working in different government and private hospitals and clinics.

Measures
Workplace Ostracism Scale (Ferris et al., 2008)The workplace ostracism scale is made up of ten elements which measure perceived ostracism. The reliability of this scale was 0.96.Workplace Stress Scale (The Marlin Company and American Institute of Stress, 2007) The Workplace Stress Scale has eight components, three of which are scored in a way that measures the levels of workplace stress. There is no published data on reliability however; Cronbach alpha analysis was reported as α = .73.Job Satisfaction Scale (Macdonald & MacIntyre, 1997) The job satisfaction scale is comprised of ten components which measure the colleague job satisfaction. Cronbach alpha for these items were 77.

Procedure
After getting the permission from the participants and all materials including the letter of authorization, consent form, research metric, were providing to the members. Only those participants were selected for this study who were agreed to participate. On the basis of participants consent purpose of research explained the psychological measure were administrated individually. Upon completion of the data collection, participants and relevant hospital and clinic authorities were thanked for their collaboration and valuable time. After the data was collected, the notation was made using the instruction in the psychological measurement manual. After the scoring was completed, the data was compiled on the Microsoft Excel sheet and the Statistical Package for Social Sciences (SPSS, Version 12.0) was used to examine the data. Statistics can be used to calculate the results of an entire. Simple correlation and regression analysis can be used to determine the relationships between different variables.

Scoring and Statistical Analysis
By maintaining the principal consideration regarding entitlements, all the psychological procedures used in this study were got approval from their original source. When the scoring was completed, the data was compiled on the Microsoft Excel sheet and the Statistical Package for Social Sciences (SPSS, Version 12.0) was used to examine the data. Statistics can be used to compute the outcomes of a whole. Pearson correlation and regression analysis were used to determine relations between various variables.

Ethical Consideration
The research was carried out with due regard for the dignity, rights and wellbeing of those involved. This included assuring and educating participants on the purpose of this research. Participants received assurance that all information released will remain strictly confidential and that they are entitled to request complete anonymity in the study. Participants were also told that their participation was on voluntary basis and that they are entitled to stop participating in this study 58 at any time. The consent form has been completed by the participant who provided all the above information. Maintaining the principled consideration concerning for rights all of the psychological procedures used in this study were bought from their original source.

Results
Table 1:
Demographic sheet characteristic participants at Faisalabad (N=200).

	F	%	M	SD
Age (25-55)	200	100	34	7.3
Education				

MBBS	200	100
Gender	100	
Female	100	50.0
Male	100	50.0

Table 1 shows the prevalence and proportion of participants in term of gender, age, work and education. Age 25-55 and mean age is 32.19. Respondents are male (100, 50.0%) and female (100, 50.0%). Their education is MBBS.

Table 2:

Table two shows the descriptive statistics among variables

	M	SD
Workplace Ostracism	7.4550	5.47796
Workplace Stress	5.9400	3.69250
Job Satisfaction	7.9750	6.78117

Descriptive statistics are important for understanding the basic features of a data set. This information helps to analyze the data and to interpret it in a meaningful way. In this section, descriptive statistics tables provide a summary of sample responses to the designed used in the study. Descriptive tables provide the average and standard deviation for the four concepts: average, standard deviation, mean, and range. This study looked at workplace ostracism, workplace stress, and job satisfaction. A wise construction description can be found in the tables above.

Hypothesis I
Table 3:

The table three show the correlation among the variables.

Variables	WO Total	WS Total	JS Total
Workplace Ostracism	. 685**	.686**	
Workplace Stress		.700**	
Job Satisfaction			

**. Correlation is significant at the 0.01 level (2-tailed).

There is a strong relationship between workplace ostracism, workplace stress and job satisfaction, and the P values (>.05) for all of these variables (i-e..685** and.686**) are significant. There is a significant relationship between the variables, with P values of.700**, 555**, and .452**.

Hypothesis II
Table 4:

The table below presents the model of the variable and the main predicted outcome of the study is ostracism in the workplace. Work stress and job satisfaction among doctors are predicted to be higher in groups where members ostracize each other. The table shows the R squared, adjusted R squared, and standard deviation. There is a significant error in the estimate.

Model	R		R^2
R^2		Std. Error	
	.785	.610	
.616		4.23605	

To define the regression analysis model summary, the R is .785, R^2 is .616 and the adjusted R^2 is .610 with the standard error of 4.23605.

Table 5:

The table level of work place ostracism, work place stress and job satisfaction among medical doctors. (N= 200)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	5633.836	3	1877.945	104.655	.000
Residual	3517.039	196	17.944		
Total	9150.875	199			

a. Dependent Variable: Job Satisfaction Total,

b. Predictors: (Constant), WO total, WS total

Table 6:

The table below provides a summary of workplace ostracism satisfaction.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	*SE*	*B*		
Constant	-4.265	.999		-4.268	.000
Workplace Ostracism	.403	.077	.326	5.241	.000
Workplace Stress	.674	.115	.367	5.884	.000

Dependent variable job satisfaction

Workplace ostracism has a significant value is .000, Beta value is .326 and the workplace stress significant value is .000, Beta value is .367.

Discussion

In this chapter of discussion, we analyzed the findings of the present study and discussed the possible reasons behind the phenomena of results. These findings are unified with previous researches. In this chapter it has been discussed and highlighted the underlying factors which are interconnected and may be caused of current findings. It has been noted that workplace ostracism is major barrier in the job satisfaction as well as the mental health of the medical doctors. They have limited their access to be socialized and their work performance may be affected due this attitude. They faced prejudice, discernment, unfairness and inequities on their workplace. There are several experiential outcomes are also provisioning the concept that these fundamental causal variables show an imperious character in order compromised their satisfaction with their jobs. Moreover, few additional findings which were observed during study are also reported for the interest of readers and it needs future discussion. The finding of current study showed that significant relationship between work place ostracism, occupational stress, and doctor's job satisfaction. The present study also indicated that ostracism in work place, occupational stress significantly predicts doctor's job satisfaction.

The 1st hypothesis of the current study was approved (P<0.05) and the findings of the current study are in-line with the previous researches (Bhattacherjee, Ray, Roy, Mukherjee, & Datta, 2016; Jasiwal et al., 2015; Yucel, 2012; Ikram, Khalid, & Hassan, 2021; Wu et al., 2012). (see table no. 3) There are many of the reasons are existing behind the phenomena of these results and some of them are discussed below. The research found that people who are ostracized at work experience more occupational stress and are less satisfied with their jobs. The results of this study seem to vary depending on the other research studies that have been done. A study has found that people who are stressed at their jobs are less satisfied with their jobs than people who are not stressed (Bhatti, et al., 2011).

There has been an analysis probing the relationship between engagement to work and workplace ostracism by (Leung, et al., 2011). They originate that ostracism in the workplace is negatively linked with engagement to work because workplace ostracism lessens target employees' resources, generating negative mental situations. Another research found that workplace ostracism adversely associated with several organizational and individual significances such as work gratification, affective guarantee, and welfare (Balliet & Ferris, 2013).

There are numerous causes behind this phenomenon of the results and one possible explanation can be burnout, ignore, and turnover. People suffering from uninterrupted workplace stress may have the feelings of burnout explained by (Bakker & Demerouti, 2008). Disengagement displays the relationship between people and their jobs, in a way that if disengagement rises, their willingness to work declines purposed by (Jones 2015). Being ignored omitted is a comparatively mutual experience for employees. Being ostracized in the workplace can cause others at work to exclude you from the conversation, leave the field when you walk in, unwittingly sit alone (Bedi & Skowronski, 2014). All of the above-mentioned findings of intent to rotate, and finally quit the position. Employee turning intention is the final stage on which (Carpenter & Berry 2014).

The second hypothesis suggested that workplace ostracism and job stress would be important predictor of job satisfaction. The study found that workplace ostracism and occupational stress significantly predict job satisfaction (See Table 4.6). Prior research has also shown that perceived stress is a major predictor of job satisfaction (Watson, Harper, Ratliff, & Singleton, 2010). Chung and Kim (2017) have found that workplace ostracism adversely impact on workplace attitudes and behavior such as job satisfaction and job performance.

Other Research findings revealed that ostracism has a significant and lasting negative impact on employee's well-being, collaborative attitudes, and turnover (Mahfooz, Arshad, Nisar, Ikram, & Azeem, 2017). The results of the one more research showed that ostracism is an important structural behavior issue that can have a negative impact on both the organizational and individual health, as well as job satisfaction (TUTAR, et al., 2011). Bedi (2021) found that workplace ostracism can be a predictor of job satisfaction.

Further research looks at how workplace violence, stress and sustainable work performance are related. This study looked at different dimensions of workplace violence, including provocation, blocking, ostracism, and trailing. The result show that first of fall; that harassment lessens employee morale, which constantly lowers their job performance. Secondly, blocking at work place lower production raises levels of worry, nervousness, sadness, and impatience, poor job commitment, job nonappearances, and job devastation. Third, workplace ostracism has a negative effect on worker inspiration and productivity. Fourth, employees who experience occupational stress often feel stigmatized. The study found that employees who are happy and healthy are more productive than those who are not (Rasool, Wang, Zhang, & Samma, 2020).

Conclusion

It has been found that workplace ostracism and occupational stress can have a negative effect on the job satisfaction of employees. There is a strong relationship between all of the variables, including occupational stress, job satisfaction, and workplace ostracism. Workplace ostracism and occupational stress are significant predictors of job satisfaction.

Limitation and Recommendation

Some limitation of this study has been highlighted. First and foremost, the study uses convenient sampling due to small sample size and for time savage. As the sample size was limited, results are also limited to government doctors. As medical doctors have limited time due to their duties, it was very difficult to convince them for the completion of scales. There are several suggestions that need to take under consideration.

- In order to get accurate and generalized results from a study, a sufficient number of participants must be added.

- The data set contains some errors. It is possible to eliminate all errors, but the best that researchers can do is to reduce their number as much as possible.

- Researchers must take care in gathering, entering, and calculating data so as to minimize the chances of human error.

References

Abate, H. K., & Mekonnen, C. K. (2021). Job satisfaction and associated factors among health care professionals working in public health facilities in Ethiopia: a systematic review. *Journal of Multidisciplinary Healthcare*, *14*, 821.

à Ile-Ife, T., Akinsulore, N. A., Adegbenro, C. A., Balogun, Y. A., Elekwachi, G., Babalola, O. O., & Akinlua, F. M. (2020). Perceived Stress and its Relationship with Coping Strategies among Doctors at a Tertiary Hospital in Ile-Ife, Nigeria. *West African Journal of Medicine*, *37*(2).

Bhatti, N., Hashmi, M. A., Raza, S. A., Shaikh, F. M., & Shafiq, K. (2011). Empirical analysis of job stress on job satisfaction among university teachers in Pakistan. *International business research*, *4*(3), 264.

Balliet, D., & Ferris, D. L. (2013). Ostracism and prosocial behavior: A social dilemma perspective. *Organizational Behavior and Human Decision Processes*, *120*(2), 298-308.

Bakker, A. B., & Demerouti, E. (2008). Towards a model of work engagement. *Career development international*.

Bedi, A. (2021). No herd for black sheep: a meta-analytic review of the predictors and outcomes of workplace ostracism. *Applied Psychology*, *70*(2), 861-904.

Bhattacherjee, S., Ray, K., Roy, J. K., Mukherjee, A., Roy, H., & Datta, S. (2016). Job satisfaction among doctors of a government medical college and hospital of Eastern India. *Nepal journal of epidemiology*, *6*(3), 596.

Bernburg, M., Vitzthum, K., Groneberg, D. A., & Mache, S. (2016). Physicians' occupational stress, depressive symptoms and work ability in relation to their working environment: a cross-sectional study of differences among medical residents with various specialties working in German hospitals. *BMJ open*, *6*(6), e011369.

Bedi, A., & Skowronski, M. (2014). Political skill at work: Good or bad? Understanding its predictors and consequences. *SAM Advanced Management Journal*, *79*(2), 39.

Carpenter, N. C., & Berry, C. M. (2014). Are counterproductive work behavior and withdrawal empirically distinct? A meta-analytic investigation. *Journal of Management*, *43*(3), 834-863.

Clough, B. A., March, S., Chan, R. J., Casey, L. M., Phillips, R., & Ireland, M. J. (2017). Psychosocial interventions for managing occupational stress and burnout among medical doctors: a systematic review. *Systematic reviews*, *6*(1), 1-19.

Chung, Y. W., & Kim, T. (2017). Impact of using social network services on workplace ostracism, job satisfaction, and innovative behaviour. *Behaviour & Information Technology*, *36*(12), 1235-1243.

Chen, Y., & Li, S. (2019). The relationship between workplace ostracism and sleep quality: a mediated moderation model. *Frontiers in psychology*, *10*, 319.

Ferris, D. L., Brown, D. J., Berry, J. W., & Lian, H. (2008). The development and validation of the Workplace Ostracism Scale. *Journal of applied psychology*, *93*(6), 1348.

Gedam, S. R., Babar, V., & Babhulkar, S. (2018). Study of job satisfaction and stress among doctors from tertiary care institute at rural region of Central India. *International Archives of Addiction Research and Medicine*, *4*, 026.

Haldorai, K., Kim, W. G., Phetvaroon, K., & Li, J. J. (2020). Left out of the office "tribe": the influence of workplace ostracism on employee work engagement. *International Journal of Contemporary Hospitality Management*.

Howard, M. C., Cogswell, J. E., & Smith, M. B. (2020). The antecedents and outcomes of workplace ostracism: A meta-analysis. *Journal of Applied Psychology*, *105*(6), 577.

Heaphy, E. D., & Dutton, J. E. (2008). Positive social interactions and the human body at work: Linking organizations and physiology. *Academy of management review*, *33*(1), 137-162.

Ikram, T., Khalid, A., & Hassan, S. (2021). THE MEDIATING EFFECT OF JOB SATISFACTION BETWEEN WORKPLACE OSTRACISM AND EMPLOYEE TURNOVER INTENTION. *Governance and Management Review*, *3*(2).

Jones, M. D. (2015). *Antecedents and outcomes of work-linked couple incivility*. Purdue University.

Jaiswal, P., Gadpayle, A. K., Singhal, A. K., Sachdeva, S., Modi, R. K., Padaria, R., & Ravi, V. (2015). Job satisfaction among hospital staff working in a Government teaching hospital of India. *Medical Journal of Dr. DY Patil University*, *8*(2), 131.

Jamieson, J. P., Mendes, W. B., & Nock, M. K. (2013). Improving acute stress responses: The power of reappraisal. *Current Directions in Psychological Science*, *22*(1), 51-56.

Leung, A. S., Wu, L. Z., Chen, Y. Y., & Young, M. N. (2011). The impact of workplace ostracism in service organizations. *International Journal of Hospitality Management*, *30*(4), 836-844.

Leung, A. S., Wu, L. Z., Chen, Y. Y., & Young, M. N. (2011). The impact of workplace ostracism in service organizations. *International Journal of Hospitality Management*, *30*(4), 836-844.

Mahfooz, Z., Arshad, A., Nisar, Q. A., Ikram, M., & Azeem, M. (2017). Does workplace incivility & workplace ostracism influence the employees' turnover intentions? Mediating role of burnout and job stress & moderating role of psychological capital. *International Journal of Academic Research in Business and Social Sciences*, *7*(8), 398-413.

Macdonald, S., & MacIntyre, P. (1997). The generic job satisfaction scale: Scale development and its correlates. Employee Assistance Quarterly, 13(2), 1-16.

O'Reilly, J., Robinson, S. L., Berdahl, J. L., & Banki, S. (2015). Is negative attention better than no attention? The comparative effects of ostracism and harassment at work. *Organization Science*, *26*(3), 774-793.

Parker, S. K., Wang, Y., & Liao, J. (2019). When is proactivity wise? A review of factors that influence the individual outcomes of proactive behavior. *Annual Review of Organizational Psychology and Organizational Behavior*, *6*, 221-248.

Robinson, S. L., O'Reilly, J., & Wang, W. (2013). Invisible at work: An integrated model of workplace ostracism. *Journal of Management*, *39*(1), 203-231.

Rasool, S. F., Wang, M., Zhang, Y., & Samma, M. (2020). Sustainable work performance: the roles of workplace violence and occupational stress. *International journal of environmental research and public health*, *17*(3), 912.

Sias, P. M., Pedersen, H., Gallagher, E. B., & Kopaneva, I. (2012). Workplace friendship in the electronically connected organization. *Human Communication Research*, *38*(3), 253-279.

Saleh, L. A., Niroumand, S., Dehghani, Z., Saleh, T. A., Mousavi, S. M., & Zakeri, H. (2020). Relationship between workplace violence and work stress in the emergency department. *Journal of injury and violence research*, *12*(2), 183.

Singh, T., Kaur, M., Verma, M., & Kumar, R. (2019). Job satisfaction among health care providers: A cross-sectional study in public health facilities of Punjab, India. *Journal of family medicine and primary care*, *8*(10), 3268.

TUTAR, H., BASPINAR, N. O., & GULER, S. (2021). A Phenomenological Study on the Antecedents and Consequences of Organizational Ostracism. *Eğitimde Nitel Araştırmalar Dergisi*, (28), 331-350.

Watson, J. C., Harper, S., Ratliff, L., & Singleton, S. (2010). Holistic Wellness and Perceived Stress: Predicting Job Satisfaction Among Beginning Teachers. *Research in the Schools*, *17*(1).

Wu, L. Z., Yim, F. H. K., Kwan, H. K., & Zhang, X. (2012). Coping with workplace ostracism: The roles of ingratiation and political skill in employee psychological distress. *Journal of Management Studies*, *49*(1), 178-199.

Yücel, İ. (2012). Examining the relationships among job satisfaction, organizational commitment, and turnover intention: An empirical study.

Zhu, H., Lyu, Y., Deng, X., & Ye, Y. (2017). Workplace ostracism and proactive customer service performance: A conservation of resources perspective. *International Journal of Hospitality Management*, *64*, 62-72.

Zhao, H., & Xia, Q. (2017). An examination of the curvilinear relationship between workplace ostracism and knowledge hoarding. *Management Decision*.