

ORIGINAL RESEARCH: EMPIRICAL RESEARCH –
QUANTITATIVEWorkplace ostracism and employee silence in nursing: the mediating
role of organizational identification

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Abstract

Aims. The aim of this study was to examine the direct and indirect effect, through organizational identification, of workplace ostracism on nurses' silence towards patient safety.

Background. Employee silence in nursing has recently received attention in relation to its antecedents. Yet, very little is known about the role of workplace ostracism in generating nurses' silence.

Design. A cross-sectional survey was conducted in a public hospital in Cyprus.

Method. Data were collected from 157 nurses employed in a public hospital of Cyprus between November 2014–January 2015. To examine the present hypotheses bootstrapping analysis and Sobel test were conducted.

Results. Results demonstrated that workplace ostracism has an effect on nurses' silence towards patient safety. Moreover, this effect was partially mediated through organizational identification.

Conclusions. Workplace ostracism among nurses significantly affects both nurses' attitude and behaviour namely organizational identification and employee silence.

Keywords: mediation, nurses, nurses' silence towards patient safety, nursing, organizational identification, workplace ostracism

Introduction

Employee silence has received an increasing interest in contemporary organizations among academics and practitioners (Pinder & Harlos 2001, Van Dyne *et al.* 2003). It has been defined as employees' 'motivation to withhold vs. express ideas, information and opinions about work-related improvements' (Van Dyne *et al.* 2003 p. 1361). The occurrence of such a phenomenon is of utmost importance for

organizations because it may prevent 'management from receiving information that might allow for improvements or circumvent problems before the effects become seriously damaging' (Donaghey *et al.* 2011 p. 53).

Health care is considered to be a workplace which necessitates healthcare professionals' voice. Although speaking up plays an important role in ameliorating patient safety, several scholars have suggested that healthcare professionals often stay silent thus enhancing the

Why is this research or review needed?

- Nurses' silence towards patient safety is likely to provoke important medical errors and, in turn, detrimental patient and organizational outcomes.
- Highlighting predictors of nurses' silence towards patient safety can promote favourable patient and organizational outcomes.
- Workplace ostracism comprises an underexplored phenomenon in the nursing literature.

What are the key findings?

- Nurses' silence towards patient safety is predicted by both workplace ostracism and organizational identification.
- Organizational identification mediates the relationship between workplace ostracism and nurses' silence towards patient safety.
- Workplace ostracism is worth studying in the nursing literature.

How should the findings be used to influence policy/practice/research/education?

- Nurse supervisors and managers should focus on policies and practices which will cultivate positive work relationships and thus mitigate workplace ostracism.
- Nurse managers should pay attention to enhancing nurses' levels of organizational identification.

opportunity of provoking medical errors and unfavourable outcomes (Tangirala & Ramanujam 2008, Eriguc *et al.* 2014, Okuyama *et al.* 2014, Schwappach & Gehring 2014). Given that employee silence 'may differ based on the topic and target audience [...] and it is therefore critical for research to be specific about the domain of employee silence that is being examined' (Tangirala & Ramanujam 2008, p. 40–41) this paper focuses on nurses' silence towards patient safety. Even more, we use this construct because patient safety constitutes a core issue in global healthcare organizations (Feng *et al.* 2008). In fact, nurturing a culture of patient safety has received growing attention among healthcare providers (Singla *et al.* 2006) and 'has become one of the pillars of the patient safety movement' (Nieva & Sorra 2003, p. 17). This may be attributed to the key role that safety culture plays in protecting both the workforce and the patients (Flin & Yule 2004).

In this study, we investigate an unexplored construct in healthcare and nursing literature, workplace ostracism, as an antecedent of nurses' silence towards patient safety. Workplace ostracism has been defined as 'an individual's

perception of being ignored or excluded' (Ferris *et al.* 2008, p. 1348). Despite the emerging empirical research with respect to the negative effect of workplace ostracism on key employee outcomes such as, job satisfaction, affective commitment, organizational commitment, prosocial behaviours and job performance (Hitlan *et al.* 2006, Ferris *et al.* 2008, Hitlan & Noel 2009, O'Reilly & Robinson 2009, Lustenberger & Jagacinski 2010, Leung *et al.* 2011, Zhao *et al.* 2013) very little is known about its role in affecting nurses' attitudes and behaviours.

In examining the relationship between workplace ostracism and nurses' silence towards patient safety, we highlight a core employee attitudinal variable, organizational identification, as a mediating mechanism in this relationship. Organizational identification, which refers to the 'perception of oneness with or belongingness to an organization, where the individual defines him or herself in terms of the organization(s) in which he or she is a member' (Mael & Ashforth 1992, p. 104) has received recent attention in the nursing literature (Katrinli *et al.* 2008, 2009, Trybou *et al.* 2013, Gillet *et al.* 2013). Taken together, we aim to investigate the effect of workplace ostracism on nurses' silence towards patient safety directly and indirectly via organizational identification (Figure 1).

Background

Workplace ostracism and employee silence

Workplace ostracism has been argued to threaten four fundamental human needs namely the need for self-esteem, the need to belong, the need for control and the need for a meaningful existence (Williams 1997, 2001). On this basis, drawing on social exchange theory (Blau 1964) and the norm of reciprocity (Gouldner 1960), scholars have noted that 'individuals who perceive that they are receiving unfavourable treatment are more likely to feel angry, vengeful and dissatisfied' (Mount *et al.* 2006, p. 598). As a result, workplace ostracism mitigates social interaction and the fulfillment employees' psychological needs (Wu *et al.* 2012). In addition, based on conservation of resources theory (Hobfoll 1989), Leung *et al.* (2011) noted that ostracized employees with poor resources will tend to protect these resources by demonstrating depersonalization and low work engagement and performance. Empirically, previous studies have indicated the relationship between workplace ostracism and counterproductive work behaviour (Hitlan & Noel 2009, Zhao *et al.* 2013, Yan *et al.* 2014). Last, scholars have argued that workplace relationships may affect speaking-up behaviour in the healthcare context (Okuyama *et al.* 2014). As such, following the

above argumentation we expect that nurses will react negatively to their experience of workplace ostracism by demonstrating higher employee silence towards patient safety.

Workplace ostracism, organizational identification and employee silence

We have postulated that workplace ostracism is likely to augment employee silence. Moreover, drawing on belongingness theory (Baumeister & Leary 1995) it is posited that organizational identification may serve as a mediator in the relationship between workplace ostracism and employee silence. Belongingness theory has argued that the need to belong constitutes a core human need and thus people strive to develop and maintain high-quality interpersonal relationships. Conversely, employees who cope with negative workplace relationships experience thwarted belongingness (Gkorezis *et al.* 2013). Similarly, Williams' (1997) model of needs has suggested that ostracism may have a detrimental effect on individuals' need to belong. Empirical research has supported this proposition indicating that workplace ostracism mitigates employees' levels of belongingness (O'Reilly & Robinson 2009). Thus, given that identification is highly related to the concept of belongingness, ostracized employees are likely to demonstrate not only decreased belongingness but also lower levels of organizational identification.

In parallel, employee identification is negatively related to employee silence in the nursing context (Tangirala & Ramanujam 2008). That is, when making work choices employees with high group identification 'are more likely to strongly consider the costs to the workgroup of holding back important information, concerns, or opinions' (Tangirala & Ramanujam 2008, p. 41). In addition, scholars have shown that open communication will result in greater organizational identification (Smidts *et al.* 2001) and employee silence (Vakola & Bouradas 2005). Taking into consideration that workplace ostracism may negatively influence organizational identification and that the latter is likely to affect employee silence we expect the mediating role of organizational identification in the relationship between workplace ostracism and employee silence towards patient safety.

The study

Aims

The aim of this study was to investigate the relationship between workplace ostracism and employee silence towards patient safety and the mediating role of organizational identification in this association. More specifically, the following hypotheses were examined:

Hypothesis 1: Workplace ostracism is positively related to nurses' silence towards patient safety.

Hypothesis 2: Organizational identification mediates the relationship between workplace ostracism and nurses' silence towards patient safety.

Design

Quantitative approach was followed to test our present hypotheses. More specifically, a cross-sectional survey was conducted.

Participants

A convenience sample of nurses employed in a public hospital in Cyprus was recruited.

Data collection

Data were collected with a questionnaire, which were returned in sealed envelopes to the researchers. The research was conducted in the period November 2014–January 2015.

Measures

Regarding workplace ostracism and employee silence ratings were at on seven-point Likert scales from 1 = 'never'–7 = 'always'. Organizational identification was measured using a seven-point Likert scale where 1 = 'strongly disagree' and 7 = 'strongly agree'. All scale reliabilities (Cronbach alpha) were acceptable (Table 1), exceeding the value (0.70) recommended by Nunnally *et al.* (1967).



Figure 1 Hypothesized model.

Table 1 Descriptive statistics, reliabilities and correlations.

| | Mean | SD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-----------------------------------|-------|------|---------|---------|-------|---------|--------|--------|---------|---------|--------|
| 1. Gender | 0.62 | 0.49 | | | | | | | | | |
| 2. Age | 34.75 | 7.81 | 0.09 | | | | | | | | |
| 3. Education | 1.82 | 0.60 | -0.11 | -0.05 | | | | | | | |
| 4. Employment status | 0.29 | 0.45 | -0.02 | -0.46** | 0.03 | | | | | | |
| 5. Job tenure | 12.29 | 8.20 | 0.13 | 0.86** | -0.03 | -0.43** | | | | | |
| 6. Organizational tenure | 10.04 | 7.43 | 0.08 | 0.77** | -0.04 | -0.51** | 0.93** | | | | |
| 7. Workplace ostracism | 2.01 | 0.98 | -0.21* | -0.08 | -0.02 | 0.13 | -0.08 | -0.09 | (0.93) | | |
| 8. Organizational identification | 4.88 | 1.30 | 0.08 | 0.21** | 0.10 | -0.20* | 0.21* | 0.23** | -0.24** | (0.91) | |
| 9. Silence towards patient safety | 1.93 | 0.98 | -0.25** | -0.16* | -0.04 | 0.15 | -0.17* | -0.19* | 0.65** | -0.42** | (0.89) |

* $P \leq 0.05$; ** $P \leq 0.01$.

Workplace ostracism

Workplace ostracism was measured with the 10-item scale developed by Ferris *et al.* (2008). An example item is ‘Others ignore me at work’. The Cronbach alpha for this scale was 0.93.

Organizational identification

Organizational identification was assessed using six items taken from Mael and Ashforth (1992). A sample item for this scale is: ‘When someone criticizes my hospital it feels like a personal insult’. The Cronbach alpha for this scale was 0.91.

Employee silence

We measured employee silence using five items from Tangirala and Ramanujam (2008). These items were adapted from Van Dyne *et al.* (2003) to assess employee silence in the context of patient safety in the hospital. A sample item is: ‘I chose to remain silent when I have concerns about patient safety’. The Cronbach alpha for this scale was 0.89.

Control variables

We also controlled for five demographic variables namely gender, age, education, employment status, job and organizational tenure.

Ethical considerations

This study was approved by the appropriate committees (Cyprus national bioethics committee, office of the commissioner for personal data protection and nursing services). After receiving approval, questionnaires were allocated to the nurses. Moreover, a covering letter assured them about the confidentiality and anonymity of this research. Having completed the questionnaire, respondents returned them in a sealed envelope.

Data analysis

To examine our present hypotheses, we used bootstrapping analysis with macro developed by Preacher and Hayes (2004). Bootstrapping analysis (5000 bootstrap samples with 95% confidence intervals) has the advantage that it does not assume the normality of the sampling distribution and therefore it is appropriate for small samples (Shrout & Bolger 2002). To corroborate the aforementioned analysis, we also conducted Sobel (1982) test.

Validity and reliability

We attempted to demonstrate convergent and discriminant validity of our constructs. Towards this end, we used confirmatory factor analysis (AMOS 20). Confirmatory factor analysis (Table 2) showed that our baseline model provided a good fit to the data (χ^2 [186] = 330.60, $P < 0.01$, TLI = 0.93, CFI = 0.94, RMSEA = 0.07). Moreover, our measurement model was contrasted against potential models. Results reported that our model fitted the data significantly better than the alternative models. Therefore, we suggest the distinctiveness of our constructs. Also, all standardized coefficients were statistically significant and, consequently, indicated convergent validity. To assess common method bias we used Harman’s single factor test (Podsakoff *et al.* 2003). Results reported a poor fit for the one factor model (χ^2 [189] = 1029.23, $P < 0.01$, TLI = 0.59, CFI = 0.63, RMSEA = 0.17). Hence, common method bias may not constitute a severe problem in this study.

Results

In total, from the 200 nurses employed in a public hospital 157 responded producing a rate of approximately 78.5%. Among the participants, 61.8% were females and the mean

Table 2 Confirmatory factor analysis.

| Model | χ^2 | d.f. | TLI | CFI | RMSEA |
|--|----------|------|------|------|-------|
| Three factor model | 330.60 | 186 | 0.93 | 0.94 | 0.07 |
| Two factor model: Workplace ostracism and organizational identification | 876.29 | 188 | 0.66 | 0.69 | 0.15 |
| Two factor model: Workplace ostracism and silence towards patient safety | 520.31 | 188 | 0.84 | 0.85 | 0.11 |
| Two factor model: Organizational identification and silence towards patient safety | 695.91 | 188 | 0.75 | 0.77 | 0.13 |
| One factor model | 1029.23 | 189 | 0.59 | 0.63 | 0.17 |

TLI, Tucker–Lewis index; CFI, comparative fit index; RMSEA, root-mean-square error of approximation.

age was approximately 35 years old. Furthermore, the vast majority of the respondents (approximately 95%) held a bachelor degree and almost 19% a master degree. More than half of the sample (71.3%) was employed in a permanent basis. Also, the mean job tenure was approximately 12 years and the organizational tenure was 10 years.

Table 3 presents the results of bootstrapping analysis. Results showed that workplace ostracism was positively related to employee silence ($B = 0.56, P < 0.01$) supporting our first hypothesis. Moreover, our findings found support for our second hypothesis which stated that organizational

identification mediated the relationship between workplace ostracism and employee silence. More specifically, bootstrapping results demonstrated that the indirect effect does not contain zero (0.01, 0.11). Likewise, Sobel test indicated that the indirect effect (0.06) was statistically significant (Sobel $z = 2.52, P < 0.05$).

Discussion

The purpose of this study was twofold. First, we examined the relationship between workplace ostracism and nurses' silence towards patient safety. Consistent with this proposition, our results indicated that nurses who experience workplace ostracism demonstrate high levels of silence towards patient safety. Therefore, these findings offer some novel insights about the antecedents of employee silence. Although, recent empirical literature has examined the effect of organizational factors, such as organizational justice and administrative support on employee silence, (Tangirala & Ramanujam 2008, Okuyama *et al.* 2014) no previous studies have examined the role of workplace ostracism in enhancing this employee behavioural outcome. Furthermore, previous studies have demonstrated the negative impact of workplace ostracism on a host of employee behaviours including counterproductive work behaviour and performance (Hitlan & Noel 2009, Ferris *et al.* 2010, Zhao *et al.* 2013, Yan *et al.* 2014). As such, our results are congruent with these studies corroborating the detrimental role of workplace ostracism. In parallel, this is the first study, to the best of authors' knowledge, which addresses workplace

Table 3 Regression analysis.

| Variables | B | SE | <i>t</i> | <i>P</i> | | |
|--|-------|------|----------|----------|----------|----------|
| Partial effect of control variables on silence towards patient safety | | | | | | |
| Gender | -0.22 | 0.12 | -1.82 | 0.07 | | |
| Age | -0.00 | 0.01 | -0.37 | 0.70 | | |
| Education | -0.03 | 0.10 | -0.26 | 0.79 | | |
| Employment status | -0.03 | 0.15 | -0.21 | 0.83 | | |
| Job tenure | 0.01 | 0.02 | 0.44 | 0.66 | | |
| Organizational tenure | -0.02 | 0.02 | -0.77 | 0.44 | | |
| Silence towards patient safety regressed on workplace ostracism | 0.61 | 0.06 | 9.77 | 0.00 | | |
| Organizational identification regressed on workplace ostracism | -0.27 | 0.10 | -2.56 | 0.01 | | |
| Silence towards patient safety regressed on organizational identification | -0.19 | 0.05 | -4.20 | 0.00 | | |
| Silence towards patient safety regressed on workplace ostracism, controlling for organizational identification | 0.56 | 0.06 | 9.22 | 0.00 | | |
| | Value | SE | L 95% CI | U 95% CI | <i>z</i> | <i>P</i> |
| Indirect effect and significance using normal distribution Sobel | 0.06 | 0.03 | 0.01 | 0.12 | 2.52 | 0.01 |
| | M | SE | L 95% CI | U 95% CI | | |
| Bootstrap results for indirect effect | 0.05 | 0.02 | 0.01 | 0.10 | | |

Unstandardized regression coefficients reported. Bootstrap sample size 1000.

L, lower limit; U, upper limit; CI, confidence interval.

ostracism in the nursing context. Thus, the present results make statistically significant contributions to the specific dearth of the research.

Second, we aimed at providing an underlying mediating mechanism of the relationship between workplace ostracism and nurses' silence towards patient safety. In accordance with our hypothesis, the findings showed that organizational identification serves as a mediator in the above relationship. These results are consistent with prior findings from different settings that illuminate organizational identification as an intervening mechanism (Chughtai & Buckley 2009, Ge *et al.* 2010, Marique & Stinglhamber 2011, Ngo *et al.* 2013, Shen *et al.* 2014, Astakhova & Porter 2015). Likewise, we extend nursing literature that examines the antecedents and outcomes of nurses' organizational identification (Katrinli *et al.* 2008, 2009, Chen *et al.* 2013, Gillet *et al.* 2013).

From practitioners' perspective, it is very important for healthcare organizations to promote nurses' voice and their ability to point out low quality or unsafe practices thus eliminating their silence towards patient safety (Mannion & Davies 2015). Given that, our findings revealed the effect of workplace ostracism on organizational identification and, in turn, on nurses' silence towards patient safety, top management and nurse supervisors should pay serious attention to this phenomenon. In this regard, several strategies could be adopted to cope with instances of workplace ostracism. Initially, top management could avoid selecting nurses with high levels of neuroticism and introversion because individuals with these personality traits are more likely to experience workplace ostracism (Wu *et al.* 2011). Moreover, both managers and supervisors could nurture an organizational culture that focuses and highlights the important role of high-quality work relationships. In a similar vein, open communication between supervisors and nurses could also help identifying such instances and then dealing with the sources of such behaviours. Furthermore, training could be useful here because it can inform potential sources and targets of workplace ostracism about its detrimental role in employee and organizational outcomes.

Limitations and future research

This study has some limitations that need to be addressed. First, data were collected using a cross-sectional design. As a result, we cannot determine causality in our present hypotheses. Second, self-report measures were used from a single source, nurses. Thus, this may raise the issue of common method variance. Although we conducted Harman test

and scholars (Spector 2006) have noted that common method bias is likely to be more an urban legend than truth we cannot rule out the possibility that such bias exists. Third, data were drawn from a sample of nurses in a specific country and, consequently, generalizing our findings to other contexts should be cautious.

Conclusion

In summary, this study attempted to provide new insights into the antecedents of employee silence in the nursing context. To this end, we used an under-researched construct in health care namely workplace ostracism. Drawing data from public nurses, our results supported the present hypotheses that workplace ostracism demonstrated a both direct and indirect effect, through the mediating role of organizational identification, on employee silence towards patient safety. Consequently, our findings underscore the importance of work relationships and more specifically the detrimental role of workplace ostracism among nurses. That is, nurses who feel excluded and ignored are likely to demonstrate low identification with the hospital and, more importantly, withhold ideas and suggestions about patient safety.

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Conflict of interest

No conflict of interest has been declared by the author(s).

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (<http://www.icmje.org/recommendations/>)]:

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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