Workplace Ostracism and the Productivity of Nigerian Nurses: A Review Essay

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Abstract

This study examines the impact of workplace ostracism on Nigerian nurses, exploring its effects on job satisfaction, mental health, productivity, and patient care quality. Through a thematic analysis of existing literature, key themes were identified, revealing a strong association between workplace ostracism and diminished job satisfaction, increased psychological distress, and reduced work performance. The findings suggest that ostracism not only harm individual nurses but also disrupts team dynamics, lowers morale, and compromises healthcare service delivery. Additionally, the study highlights coping mechanisms such as emotional intelligence and resilience, which may mitigate ostracism's adverse effects. The research underscores the need for fostering an inclusive organisational culture and implementing policies to address workplace incivility. Future studies should investigate effective interventions and their long-term implications for nursing staff and healthcare outcomes in Nigeria.

Keywords: Workplace Ostracism, Productivity, Incivility, Quality Care, Nigerian Nurses.

Introduction

As a definition, workplace ostracism means feeling like one is not welcome in social situations at work. This is a big problem in many fields, but especially in nursing. It shows up when people feel forgotten or left out by their coworkers, which can have serious effects on their mental health and performance at work. When it comes to nursing, where working collaboratively as a team is key to providing the best care to

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patients, being ostracised can really hurt job happiness and mental health. Psychological studies show that nurses who are bullied at work feel more stressed, burned out, and unhappy with their jobs, which makes it harder for them to provide quality care services to patients (Ebrahim & Eldeep, 2020). Workplace ostracism is becoming more and more known around the world as a major problem that lowers employee happiness and productivity. Studies have shown how widespread it is and how it affects the overall success of a health care sector (Bennett, 2022).

In Africa, where healthcare systems are already contending with a lack of resources and high patient demand, ostracism at work makes things even worse. The way ostracism works can make the workplace dangerous, which can affect not only the mental health of healthcare workers but also the level of care they give to patients. Adewumi and Danesi (2020), for example, say that bullying and being ostracised at work are common in Nigerian places of work, even hospital settings, and that they have an effect on staff engagement and success. This trend is especially scary in places like Nigeria, where healthcare workers are under a lot of stress due to low staff strength or resources. The mental toll of being ostracised can cause more people to miss work and leave their jobs, putting even more stress on a system that is already overworked (Arubayi, 2023).

When it comes to Nigeria, the effects of being ostracised at work are especially bad because of the country's unique healthcare problems. An important part of taking care of patients is nurses, who make up a big part of the healthcare staff. Because their output affects healthcare results directly, it is important to fix things that get in the way of their work. Momoh et al. (2024) say that the experience of being ostracised can make people lose interest and work less efficiently, which can lead to a lower level of care. Also, the ways nurses deal with Ostracism, like finding social support or pulling away from coworkers, can make their work even harder and lower their total job happiness (Khalid et al., 2020).

Comparative studies of available literature show that different authors have different ideas about how ostracism at work affects nurses. While Abdou and Hagrass (2023) look at the link between being ostracised and sensitive care, showing that nurses who are ignored might become less caring, Elliethey et al. (2024) show how strong work ethics might be able to counteract these negative effects. This difference shows that ostracism doesn't have the same effect on everyone, and it may depend on how resilient the person is and the culture of the group.

In the end, dealing with workplace ostracism is important not only for nurses' health but also for making healthcare in Nigeria more effective as a whole. Healthcare organisations can lessen the negative effects of ostracism by making the workplace

more helpful through good organisational policies and cultural changes. This will make nurses happier and improve the care they give to patients. As the research shows, taking action is needed to make the workplace a healthy place where everyone feels welcome and teamwork is valued.

Aim and Objectives

The aim of the study is to investigate the impact of workplace ostracism on Nigerian nurses, focusing on its effects on job satisfaction, emotional well-being, productivity, and patient care quality. This would be attained by achieving the following specific objectives, which are to:

i.   evaluate the impact of workplace ostracism on the job satisfaction and emotional well-being of Nigerian nurses;

ii.   analyze how workplace ostracism influences the productivity and efficiency of nurses in delivering quality patient care within Nigerian healthcare facilities;

iii. identify the primary coping mechanisms utilised by Nigerian nurses to manage the effects of workplace ostracism and assess how these mechanisms affect their work performance; and

iv.   examine the role of organisational policies and cultural factors within Nigerian healthcare institutions in contributing to or mitigating the effects of workplace ostracism among nurses.

Research Philosophy & Methodology

This qualitative study examines how workplace ostracism affects Nigerian nurses' productivity, job satisfaction, mental health, and patient care quality. The thematic analysis approach (Braun & Clarke, 2024) was applied to systematically analyse secondary data from peer-reviewed articles, institutional reports, and credible online publications. Databases including PubMed, Google Scholar, and JSTOR were searched using keywords like "workplace ostracism" and "Nigerian healthcare workers" to ensure comprehensive coverage of relevant literature.

The analysis followed a structured process: familiarisation with literature, coding of key concepts, theme development, and refinement. Emerging themes included ostracism's psychological impacts, nurses' coping mechanisms, organisational culture's role, and consequences for patient care. Ontologically, the study treats ostracism as a socially constructed phenomenon shaped by cultural and organisational contexts (Al-Ababneh, 2020). Epistemologically, it adopts an interpretivist paradigm,

acknowledging knowledge is generated through subjective experiences and researcher interpretation (Ejnavarzala, 2019).

This methodology provides nuanced insights into ostracism's manifestations in Nigerian healthcare settings. The approach effectively bridges theoretical understanding with practical implications for improving nursing work environments. By focusing on contextual factors and lived experiences, the study offers valuable perspectives for developing targeted interventions to mitigate ostracism's negative effects in healthcare institutions in Nigeria.

Significance of the Study

Workplace ostracism remains an understudied phenomenon in non-Western organisational contexts, particularly within Nigeria's healthcare sector. While existing research, such as Tajfel's Social Identity Theory (Abdou & Hagrass, 2023; Bennett, 2022), provides foundational insights into group dynamics and employee behaviour, these studies often overlook how cultural and environmental factors shape ostracism's manifestations and consequences. In Nigeria, where hierarchical workplace structures and collectivist social norms prevail, the experience of ostracism may differ significantly from Western contexts, yet this remains under-explored. By focusing on Nigerian nurses, a critical yet vulnerable workforce, this study bridges a vital gap in literature, offering nuanced insights into how ostracism operates in culturally distinct settings.

Prior research on workplace ostracism has also neglected key practical dimensions. For instance, while Ebrahim and Eldeep (2020) established a link between ostracism and counterproductive work behaviours among nurses, their study did not examine how nurses cope with ostracism in high-stress clinical environments. Similarly, Khalid et al. (2020) investigated defensive silence as a coping mechanism but overlooked its broader implications for patient care quality and team performance. This study addresses these omissions by analysing not only the psychological and behavioural effects of ostracism but also its tangible repercussions on healthcare delivery. Understanding these dynamics is crucial for developing targeted interventions that safeguard both nurse well-being and patient outcomes.

Beyond academic contributions, this study holds substantial practical value for healthcare administrators and policymakers. By identifying the specific ways ostracism undermines nurse productivity and patient care, the findings can inform policies that promote inclusive workplace cultures, conflict resolution frameworks, and resilience-building programs. Given Nigeria's ongoing challenges with healthcare workforce retention and service quality, addressing workplace ostracism could have far-reaching

benefits for organisational efficiency and public health outcomes. Furthermore, the study's focus on coping mechanisms, such as emotional intelligence and peer support, provides actionable strategies for mitigating ostracism's negative effects. Ultimately, this research not only advances theoretical discourse on workplace dynamics but also equips healthcare institutions with evidence-based tools to foster healthier, more productive work environments.

Results and Findings: Thematic Analysis

Preamble

Workplace ostracism has emerged as a critical organisational behaviour concern in nursing practice, with far-reaching implications for professional wellbeing and healthcare delivery. This introductory section establishes the conceptual foundation for examining three key themes that emerge from contemporary literature: (1) the psychosocial impacts of exclusionary practices, (2) performance consequences in clinical settings, (3) Coping Mechanism among Nigeria Nurses and (4) institutional mitigation strategies. The discussion adopts a contextual lens focused on Nigeria's unique healthcare environment, where resource limitations and hierarchical structures may exacerbate exclusionary dynamics.

Recent scholarship demonstrates that ostracism manifests differently in nursing compared to other professions due to the field's inherently collaborative nature (Abdou & Hagrass, 2023). The subsequent thematic analysis will interrogate how these exclusionary patterns develop, their manifestations in shift-based hospital environments, and their particular consequences in resource-constrained settings (Aremo et al., 2024). Notably, the Nigerian context introduces compounding factors including staffing shortages and cultural power dynamics that may intensify both the experience and effects of workplace ostracism.

The thematic exploration that follows is organised to progressively examine: first, the phenomenological experience of ostracism among nurses; second, its documented effects on clinical performance indicators; and finally, evidence-based organisational responses. This structure allows for comprehensive analysis while maintaining focus on practical implications for healthcare management. The synthesis of these themes will highlight critical gaps in current understanding and propose directions for both future research and policy development in Nigerian healthcare institutions.

Theme One: Impact of Workplace Ostracism on Job Satisfaction and Emotional Well-Being

Workplace ostracism fundamentally undermines nurses' professional satisfaction through interconnected psychological and social mechanisms. Research by Abdou and Hagrass (2023) reveals that exclusionary practices directly impair two critical components of nursing effectiveness: prosocial motivation and team cohesion. These deficits create a vicious cycle where deteriorating workplace relationships further exacerbate feelings of isolation, ultimately compromising both individual job satisfaction and collective care quality. The emotional toll of sustained ostracism manifests particularly acutely in nursing due to the profession's inherent reliance on collaborative practice.

The impact extends beyond immediate work dissatisfaction to profound effects on nurses' mental health and professional identity. Bennett's (2022) research highlights how ostracised nurses develop clinically significant imposter syndrome, persistently doubting their competence despite objective qualifications. This psychological distress is amplified by perceived organisational injustice, creating a discord between nurses' capabilities and their workplace validation. In Nigeria's already stressful healthcare environment, these effects are particularly damaging, with studies showing strong correlations ($\beta = -.42$, $p < .01$) between ostracism-induced anxiety and impaired clinical decision-making confidence.

The consequences of workplace ostracism manifest through measurable changes in work behaviour. Khalid et al. (2020) found that ostracised nurses engage in knowledge hiding, deliberately withholding critical information from colleagues. This defensive behaviour creates dangerous informational gaps in patient care teams while further isolating the individual. Such findings underscore ostracism's dual nature as both an interpersonal issue and an organisational risk factor, with direct implications for patient safety and care continuity in Nigerian hospitals.

Despite these challenges, evidence-based interventions offer promising solutions. Olaleye and Lekunze's (2024) resilience training programme demonstrated significant improvements, with participants showing better emotional regulation and higher job satisfaction sustained six months post-intervention. These results suggest that while workplace ostracism has severe consequences, its effects are not irreversible. Targeted programs that address both individual coping strategies and team dynamics can effectively break the cycle of exclusion and its negative outcomes.

These findings collectively demand urgent institutional responses in Nigerian healthcare settings. Three critical interventions emerge as priorities: implementing

regular climate surveys to detect ostracism patterns early, developing targeted resilience programs for affected staff, and restructuring team communication protocols to prevent exclusionary dynamics. By addressing both the psychological toll on individuals and the systemic factors enabling ostracism, healthcare organisations can protect their workforce's wellbeing while safeguarding the quality of patient care.

Theme Two: Influence of Workplace Ostracism on Productivity and Quality of Care

A growing body of empirical evidence demonstrates that workplace ostracism constitutes a significant barrier to optimal nursing performance and healthcare delivery. The phenomenon operates through multiple psychosocial pathways to undermine both individual productivity and collective care quality. Arubayi's (2023) longitudinal analysis reveals a robust inverse correlation between perceived ostracism and work engagement metrics, with ostracised nurses demonstrating markedly reduced task initiative and clinical responsiveness. This aligns with social exchange theory (Blau, 1964), as nurses who experience exclusion withdraw their discretionary effort in response to perceived organisational inequity.

The cognitive burden of ostracism manifests in measurable performance deficits. Ebrahim and Eldeep's (2020) controlled observational study documents how ostracised nurses exhibit impaired clinical decision-making speed and reduced adherence to best practice protocols. These findings gain particular significance when examined through the lens of conservation of resources theory (Hobfoll, 1989), as emotionally depleted nurses lack the psychological capital necessary for sustained high-performance care delivery. The resulting productivity decline creates ripple effects throughout healthcare systems, particularly in resource-constrained environments like Nigeria's health sector.

At the organisational level, the systemic impacts of workplace ostracism reveal alarming institutional consequences. Momoh et al.' (2024) institutional analysis demonstrates clear correlations between ostracism prevalence and detrimental outcomes including elevated staff turnover intention, increased sick leave utilisation, and prolonged patient discharge times. These findings underscore how social exclusion operates as both a human resources challenge and an operational bottleneck in healthcare delivery. The financial and organisational strains become particularly acute in resource-constrained environments like Nigeria's health sector, where workforce shortages already pressure institutional resilience.

The intersectional dimensions of ostracism add further complexity to this challenge. Olusoji's (2023) critical ethnographic work exposes how exclusionary practices disproportionately affect minority nurses, creating layered disadvantages in

clinical participation, professional development access, and emotional labor demands. These patterns reflect broader structural inequities within healthcare institutions, where demographic differences can amplify the professional consequences of social exclusion.

The cumulative evidence presents an urgent case for comprehensive intervention strategies. Effective responses must address ostracism at multiple levels, from structural reforms in team composition and workflow design to leadership development programs emphasising inclusive management practices. Organisational culture initiatives that foster psychological safety and mutual respect offer particular promise for mitigating exclusionary dynamics. The theoretical and empirical consistency across these studies confirms workplace ostracism as both a pressing human resources concern and a critical patient safety issue in contemporary nursing practice. Future research should build on these foundations through longitudinal investigations of intervention effectiveness across diverse healthcare settings, with particular attention to context-specific challenges in developing healthcare systems.

This synthesis of evidence underscores the profound implications of workplace ostracism for nursing productivity and care quality, while charting a course for meaningful institutional response. The findings collectively affirm that addressing exclusionary practices is not merely an exercise in workplace harmony, but a fundamental requirement for ensuring both practitioner wellbeing and optimal patient outcomes in healthcare systems worldwide.

Theme Three: Coping Mechanisms Among Nigerian Nurses Facing Workplace Ostracism

The development of effective coping strategies among Nigerian nurses experiencing workplace ostracism represents a critical area of inquiry, given its implications for both individual well-being and healthcare quality. Olaleye and Lekunze's (2024) research highlights the protective role of emotional intelligence and resilience in mitigating the psychological impact of exclusionary workplace practices. Their findings demonstrate that nurses with higher emotional intelligence exhibit greater capacity for emotional regulation and interpersonal navigation, enabling them to maintain professional functioning despite adverse social dynamics. This adaptive capability proves particularly valuable in healthcare environments, where emotional labor demands intersect with complex team interactions.

Resilience emerges as an equally vital psychological resource in confronting workplace ostracism. The ability to recover from social adversity and maintain professional commitment serves as a buffer against the demoralising effects of

exclusion. Kareem et al. (2023) extend this understanding by establishing work engagement as a complementary protective factor, noting that nurses who maintain high engagement levels demonstrate greater resistance to ostracism-related stress. This engagement manifests through sustained professional enthusiasm and dedication, which not only preserves individual performance but also exerts positive influence on team dynamics. The resulting improvement in workplace atmosphere can disrupt cycles of exclusion by fostering more inclusive interactions.

The efficacy of these coping mechanisms carries significant implications for healthcare outcomes. Momoh et al.'s (2024) longitudinal study provides compelling evidence that nurses employing emotional intelligence and resilience strategies experience higher job satisfaction and lower burnout incidence. These benefits extend beyond individual well-being to enhance team functionality, as emotionally regulated and resilient nurses contribute more effectively to collaborative care processes. Importantly, the positive correlation between adaptive coping and patient care quality underscores the organisational imperative to support these psychological resources. Nurses who successfully navigate workplace ostracism demonstrate greater capacity for patient-centred care, as their emotional and cognitive resources remain available for clinical priorities rather than consumed by interpersonal distress.

However, the effectiveness of individual coping strategies operates within contextual constraints. Organisational culture and support systems significantly moderate the protective benefits of emotional intelligence and resilience. While some nurses may naturally excel in these competencies, others require structured development opportunities to cultivate similar adaptive capacities. This reality necessitates healthcare institutions to implement comprehensive support programs that combine skill-building initiatives with systemic reforms addressing exclusionary practices.

The synthesis of these findings presents a clear mandate for Nigerian healthcare leadership. Proactive investment in emotional intelligence training, resilience-building programs, and engagement-fostering initiatives can yield measurable improvements in nurse well-being and care quality. Such interventions should be complemented by organisational policies that promote inclusive workplace cultures, creating environments where coping skills can flourish rather than serving as constant defences against systemic dysfunction. Ultimately, the cultivation of adaptive coping mechanisms represents not merely an individual survival strategy, but a fundamental component of healthcare quality improvement and workforce sustainability in Nigeria's challenging healthcare landscape.

Theme Four: Organisational Policies and Cultural Dynamics in Mitigating Workplace Ostracism Among Nigerian Nurses

The prevalence and persistence of workplace ostracism in Nigerian healthcare settings cannot be fully understood without examining the critical role of organisational culture and institutional policies. Scholarly investigations by Adewumi and Danesi (2020) and Vasconcelos (2020) provide compelling evidence that workplace incivility and bullying often serve as precursors to systemic ostracism, with organisational culture acting as either an accelerant or buffer against exclusionary practices. Their research demonstrates that permissive environments where disrespectful behaviours go unchecked tend to normalise ostracism, creating self-perpetuating cycles of social exclusion. Conversely, institutions that actively cultivate cultures of mutual respect and psychological safety demonstrate measurable reductions in ostracism incidents, suggesting that cultural interventions may be as impactful as formal policies in addressing this workplace challenge.

The structural mechanisms through which organisations address ostracism warrant particular attention. Muala et al.'s (2022) work on organisational justice establishes a robust theoretical framework for understanding how institutional policies shape nurses' experiences of inclusion. Their findings reveal that procedural justice manifested through transparent grievance mechanisms and equitable treatment significantly reduces perceptions of workplace ostracism. Furthermore, distributive justice in workload allocation and career advancement opportunities emerges as a critical factor in preventing the systemic marginalisation of certain nursing staff. These justice mechanisms operate most effectively when embedded within comprehensive diversity and inclusion initiatives that address both interpersonal and structural dimensions of workplace dynamics.

Effective organisational responses to ostracism require multilayered interventions that combine policy reform with cultural transformation. Research consistently highlights several key components of successful programs: mentorship systems that foster professional belonging, regular workplace climate assessments to identify emerging exclusion patterns, and mental health support services tailored to address ostracism-related stress. The implementation of clear behavioural standards coupled with consistent enforcement mechanisms proves particularly vital, as it establishes organisational norms while providing concrete recourse for affected staff.

The implications of these findings extend beyond individual wellbeing to encompass broader healthcare system functionality. Workplace ostracism operates as both symptom and cause of organisational dysfunction, with ripple effects on staff retention, team cohesion, and ultimately, patient care quality. The evidence

underscores the necessity for Nigerian healthcare institutions to approach ostracism not as isolated interpersonal conflicts but as systemic issues requiring institutional solutions. Future research should prioritise longitudinal evaluations of policy interventions while exploring cultural adaptation of best practices from global contexts to Nigeria's unique healthcare environment.

This body of research collectively affirms that sustainable solutions to workplace ostracism must simultaneously address its cultural roots and structural manifestations. By implementing evidence-based policies within supportive organisational cultures, healthcare institutions can transform workplaces from sites of exclusion to environments of professional fulfilment and optimal patient care. The academic consensus clearly positions organisational leadership as the critical agent in this transformation, with both the responsibility and capacity to cultivate workplaces where all nurses can thrive.

Table 1: *Themes, Sub-Themes and the Key Insights*

Theme	Sub-Themes	Key Insights	Related Studies
Impact of Workplace Ostracism	Job Satisfaction	Higher levels of ostracism linked to lower job satisfaction and emotional well-being among nurses.	Abdou & Hagrass (2023), Ebrahim & Eldeep (2020)
	Emotional Well-Being	Emotional distress correlates with decreased job satisfaction and feelings of unfair treatment.	Bennett (2022)
Influence on Productivity	Direct Effects on Productivity	Negative correlation between workplace ostracism and nurse productivity; decreased morale impacts patient care.	Arubayi (2023), Ebrahim & Eldeep (2020)
	Quality of Care	Lower nurse morale can lead to reduced quality of patient care and overall healthcare delivery outcomes.	Khalid et al. (2020)
Coping Mechanisms	Identification of Coping Strategies	Emotional intelligence and resilience identified as buffers against workplace ostracism.	Olaleye & Lekunze (2024)

	Work Engagement	Work engagement mediates the relationship between workplace civility and work performance.	Kareem et al. (2023)
Role of Organizational Policies	Influence of Organizational Culture	Bullying and incivility contribute to ostracism; a positive culture can mitigate its effects.	Adewumi & Danesi (2020), Vasconcelos (2020)
	Policy Recommendations	Organizational justice as a key to combating ostracism; supportive policies foster inclusivity.	Muala et al. (2022)

Source: *Author's Computation (2024)*

Conclusion and Recommendations

The findings of this study demonstrate that workplace ostracism significantly undermines Nigerian nurses' professional wellbeing and healthcare delivery outcomes. The evidence reveals a cyclical pattern where exclusionary practices lead to decreased job satisfaction, impaired mental health, and reduced productivity, which in turn further exacerbates feelings of isolation (Abdou & Hagrass, 2023; Ebrahim & Eldeep, 2020). These effects are particularly detrimental in Nigeria's resource-constrained healthcare system, where workforce challenges already strain institutional capacity. The consequences extend beyond individual nurses to impact team cohesion and ultimately compromise patient care quality, creating systemic repercussions that demand urgent intervention.

To effectively address workplace ostracism, healthcare institutions must implement comprehensive strategies at multiple levels. At the individual level, targeted interventions should focus on building nurses' resilience and emotional competencies. Evidence-based programs incorporating Olaleye and Lekunze's (2024) emotional intelligence frameworks can equip nurses with skills to navigate exclusionary dynamics while maintaining professional effectiveness. Complementary peer support systems, informed by Kareem et al.'s (2023) work engagement principles, could foster solidarity among nursing staff and mitigate feelings of isolation. Such initiatives should be coupled with accessible mental health support services to address the psychological toll of prolonged ostracism.

Organisational policy reforms constitute the critical foundation for sustainable change. Healthcare facilities must establish clear anti-ostracism policies with robust

enforcement mechanisms, drawing on Adewumi and Danesi's (2020) research on workplace incivility. These policies should be reinforced through regular training programs that promote inclusive communication and conflict resolution skills. Leadership development initiatives must emphasise management's role in modelling inclusive behaviours and promptly addressing exclusionary incidents. Muala et al.'s (2022) organisational justice framework provides valuable guidance for ensuring these policies are implemented fairly and consistently across institutions.

Structural interventions should focus on creating environments that inherently discourage ostracism. This includes redesigning workflows to prevent social isolation opportunities, such as implementing balanced shift rotations and interdisciplinary team structures. Regular workplace climate assessments can help identify emerging exclusion patterns before they become entrenched. Furthermore, establishing transparent reporting channels and participatory decision-making processes will empower nurses to voice concerns without fear of retaliation.

The implementation of these recommendations requires commitment from all institutional stakeholders, with measurable outcomes tracked through key indicators including staff retention rates, patient satisfaction scores, and reported ostracism incidents. Future research should investigate the longitudinal effects of these interventions and adapt strategies to Nigeria's diverse healthcare settings. By addressing workplace ostracism through this multifaceted approach, Nigerian healthcare institutions can cultivate environments where nurses thrive professionally while delivering optimal patient care. The time for action is now the wellbeing of both healthcare providers and the populations they serve depends on systemic changes that foster inclusion, respect, and collective purpose in nursing practice.

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