

Workplace Ostracism as a Determinant of Mental Health among Teachers

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ABSTRACT

Workplace ostracism the experience of being ignored, excluded, or rejected by colleagues and superiors is increasingly recognized as a critical yet underexplored factor affecting employees' mental health. This study examines the impact of workplace ostracism on the mental health of teachers, a group particularly vulnerable due to the interpersonal and collaborative nature of their profession. The study's sample comprised 100 Teachers from the Vaishali District. Data were collected during 2025 using the Workplace ostracism scale by Ferris to assess workplace ostracism and the mental health scale by Keyes to measure mental health. The data were then analyzed using descriptive statistics, Pearson's product-moment correlation, and simple linear regression (SLR) through SPSS. The findings revealed a significant negative correlation between workplace ostracism and mental health and its dimensions, suggesting potential strategies for addressing it in organizational settings.

Keywords: *Workplace ostracism, Mental health, psychological wellbeing, emotional wellbeing, social wellbeing*

Organisational commitment and mental health in today's dynamic workplace depend heavily on having good relationships with coworkers. Although problems at work are frequent, some issues like workplace ostracism remain hidden from workers. Liu (2020) defined workplace ostracism as the deliberate withholding or neglect of social interactions by perpetrators, which can range from unintentional to malicious intent. Understanding the dynamics of ostracism is essential for addressing hidden workplace challenges and promoting a healthier work environment.

Robinson and Schabram (2017, as cited in Gamian-Wilk and Madeja-Bien, 2018) distinguished between task ostracism and personal ostracism as two different signs of job disengagement. Excluding a worker from social or personal connections, including talks, support groups, and activities, is known as personal ostracism. Excluding a colleague from task-related interactions, including project meetings, email correspondence, or project involvement, is known as task ostracism.

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According to Hitlan et al. (2006), workplace ostracism can be defined as "the exclusion, rejection, or ignoring of an individual (or group) by another individual (or group) that hinders one's ability to establish or maintain positive interpersonal relationships, work-related success, or a favourable reputation within one's place of work."

As a stressful scenario for workers, workplace ostracism might be partially seen as a risk of losing resources. But the conservation of resource theory (COR), which emphasises resource cultivation, retention, and maintenance, first appeared as a stress theory (Hobfoll, 1989). According to the conservation of resource theory, people are motivated to keep their current resources and acquire new ones. They are also motivated to generate resource surpluses in order to make up for the possibility of future resource depletion (Hobfoll, 1989). Ostracism at work can lead to stress and anxiety in people since it can result in the loss of resources (Hobfoll, 1989 & Hobfoll et al., 2018). However, as a stressful situation that creates the threat of resource loss, workplace ostracism adds to the ostracised person's physical and psychological stress, causing tension and anxiety as well as emotional exhaustion. This, in turn, destroys their positive experiences at work and in life and has an impact on their wellbeing.

First, according to the conservation of resource theory, people are motivated to protect, maintain, and obtain their own resources and become stressed and exhausted when their resources are reduced or threatened. Workplace ostracism will result in the depletion of employees' emotional and psychological resources, which will lead to emotional exhaustion (Jahanzeb & Fatima, 2018 & Chen & Li, 2018). An individual may experience emotional weariness if their exhausted resources are not promptly restored (Hobfoll, 2001). Second, workers are isolated from their emotional ties to their coworkers when they experience workplace ostracism. According to Heaphy and Dutton (2008), social connections are essential for people to communicate emotionally, build emotional reserves, and preserve their physical and mental well-being. Emotional resources are depleted and emotional tiredness results when the desire for shared feelings is not satisfied (Wu et al., 2012). Third, people's ability to hold resources is severely hampered by ostracism, which can also cause them to hold fewer resources overall (Xia et al., 2019). Individuals will use up their psychological energies in order to deal with and cope with being shunned. However, in order to access outside resources for their everyday work, employees must communicate with one another. Those who experience ostracism find it difficult to re-establish their resources from others, thus they are limited to using their own resources. As a result, their own resources diminish, and they could experience tension, anxiety, and fatigue. Last but not least, ostracism results in a lack of trustworthy interpersonal networks, which makes it challenging for staff members to trust one another and feel secure. People who experience ostracism will adopt a more cautious approach to preserving relationships with nearby employees in this low-trust and insecure work environment. This will use more of their own resources and increase the self-depletion of resources, ultimately resulting in emotional exhaustion.

Mental health is defined by the World Health Organisation (WHO) as "a state of well-being in which the individual realises his or her abilities, can cope with everyday stresses of life, can work productively and fruitfully, and can contribute to his or her community." Keyes identifies the three pillars of mental health as social, psychological, and emotional well-being. Emotional well-being is characterised by happiness, interest in life, and contentment; psychological well-being is characterised by liking the majority of one's personality, successfully managing daily responsibilities, developing positive relationships with others, and feeling pleased with one's life. Positive functioning, also known as social well-being,

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encompasses understanding how society works (social coherence), feeling like a part of a community (social integration), and feeling like a member of a group (social integration). It also includes the belief that society is getting better for everyone (social actualisation).

The long-term effect of persistent ostracism is resignation, whereby the individual hasn't been able to replenish or fortify their needs, and the end result could be a wide array of issues such as depression, learned helplessness, reduced psychological resilience, unworthiness, and alienation (Williams, 2009). Organizational members who are ostracized might show a negative impact on physical health (Heaphy & Dutton, 2008), and weak psychological well-being (Wu et al., 2012).

Rationale

The rationale for this study stems from the growing concern about mental health in the workplace and the increasing recognition that social dynamics play a crucial role in shaping employees' psychological well-being. Mental health disorders such as depression and anxiety are rising globally, with work-related stressors being a major contributing factor (World Health Organization, 2022). However, while much research has focused on workplace stress and burnout, relatively few studies have thoroughly examined the unique psychological consequences of ostracism, particularly in diverse cultural and organizational contexts.

Furthermore, ostracism has been linked to several detrimental outcomes, including emotional exhaustion, job dissatisfaction, and even suicidal ideation (Wu, Yim, Kwan, & Zhang, 2012). Given the silent yet pervasive nature of workplace ostracism, it is crucial to understand its implications to develop more effective organizational policies and support systems. This study aims to fill this gap by investigating how experiences of ostracism affect mental health outcomes among employees, contributing to both academic literature and practical interventions in organizational behaviour and mental health.

The following objectives of this study have been framed.

1. To study the correlation between workplace ostracism and mental health.
2. To study the correlation between workplace ostracism and psychological wellbeing.
3. To study the correlation between workplace ostracism and emotional wellbeing.
4. To study the correlation between workplace ostracism and social wellbeing.

Based on the objectives, the following hypotheses were formulated.

1. Workplace ostracism would negatively correlate with mental health.
2. Workplace ostracism would negatively correlate with psychological wellbeing.
3. Workplace ostracism would negatively correlate with emotional wellbeing.
4. Workplace ostracism would negatively correlate with social wellbeing.

METHOD

Research Design

In the study, a descriptive survey method and a correlational research design have been adopted. Descriptive research describes the characteristics of the population or phenomenon being studied. Correlational research is a type of non-experimental research in which the researcher measures two variables and assesses the statistical relationship (i.e., correlation) between them with little or no attempt to control extraneous variables.

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Sample

The purposive sampling method was used to collect data from teachers in the Vaishali district. The sample for the present study includes 100 teachers who were selected from various tehsil of Vaishali district.

Measures

- **Workplace Ostracism Scale:** A 10-item scale developed by Ferris et al. (2008) was used to measure workplace ostracism. Responses were taken on a seven-point scale ranging from "1 for Never to 7 for Always." Sample questions are "Others at work shut you out of the conversation," "Others left the area when I entered," and "Others ignored me at work." The alpha reliability for this scale is .92.
- **Mental Health Continuum Short Form SF (Keyes):** The Mental Health Continuum Short Form is derived from Mental Health Continuum Long Form scale and consists of 14 items which are on a Likert scale. It has three sub dimensions which measure emotional well-being (Hedonic) (item 1-3), social wellbeing (Eudiamonic/positive functioning) (item 4-8) and psychological well-being (Eudiamonic/positive functioning) (item 9-14). The Cronbach alpha of complete scale and sub scale is greater than 0.80 and the test-retest reliability of the Mental Health Continuum Short form over three successive 3-month periods averaged 0.68- and 9-month test-retest was reported to be 0.65.

Procedure

Written consent was obtained from the participants before starting the data collection. All information related to this research was given to the participants verbally and in writing. Further processing was done only after their consent to participate in the study was obtained. A rapport was established with the participants before test administration. Scoring for the tools was done per the scoring procedure specified for each scale.

RESULT

Table 1. Summary of correlation result of workplace ostracism and organizational mental health and its dimensions

	Psychological wellbeing	Emotional wellbeing	Social wellbeing	Mental health
Workplace ostracism	-.353**	-.409**	-.262**	-.421**

**Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed)

The obtained data was statistically analyses on SPSS-26 (Statistical Package for Social Science) using descriptive statistics bivariate correlation and regression analysis. Table 1 represent correlation analysis of the data.

The results of the correlational analysis of workplace ostracism with mental health (dimensions and overall) are presented in the following Table 1 reveals that workplace ostracism is significantly negatively associated with psychological wellbeing ($r=-.353$, $p<0.01$), emotional wellbeing ($r=-.409$, $p<0.01$), social wellbeing ($r=-.262$, $p<0.01$) and overall mental health ($r=-.421$, $p<0.01$). These result imply that there is negative correlation between workplace ostracism, mental health, psychological wellbeing, emotional wellbeing and social wellbeing. This means as workplace ostracism level increase in the organization its lower the organizational mental health, psychological, emotional and social wellbeing in employees within the organization.

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Table 2. Regression analysis of predictor workplace ostracism

Variable	β	R ² change	Adjusted R ²	F	p
Mental health	-.421	.178	.169	21.162	.000
Psychological wellbeing	-.353	.125	.116	13.979	.000
Emotional wellbeing	-.409	.167	.159	19.667	.000
Social wellbeing	-.262	.069	.059	7.244	.008

Table 2 depicted that workplace ostracism is a significant predictor of mental health with a coefficient value of $-.421$ ($F = 21.162$, $p < .001$); this represents that workplace ostracism explains an 17.8% variance in mental health. Workplace ostracism is a significant predictor of psychological wellbeing with a coefficient value of $-.353$ ($F=13.979$, $p < .001$); this represents that workplace ostracism explains an 12.5% variance in psychological wellbeing. Workplace ostracism is a significant predictor of emotional wellbeing with a coefficient value of $-.409$ ($F=19.667$, $p < .001$); this represents that workplace ostracism explains a 16.7% variance in emotional wellbeing. Workplace ostracism is a significant predictor of social wellbeing with a coefficient value of $-.262$ ($F=7.244$, $p < .01$); this represents that workplace ostracism explains a 6.9% variance in social wellbeing. These results indicate that workplace ostracism is a significant predictor of mental health, psychological wellbeing, emotional wellbeing, and social wellbeing, so our four hypotheses state that 'Workplace ostracism negatively predicts mental health, psychological wellbeing, emotional wellbeing, and social wellbeing is accepted.

DISCUSSION

The findings of this study provide valuable information on the relationship between workplace ostracism and mental health and its dimension among group teachers of Vaishali district, which adds to the growing body of research that investigates how psychological variables impact invisible employee social death and also impact their mental health. The findings indicate the strong and negative correlation between workplace ostracism, mental health, and all its dimensions. According to studies (Altun et al., 2020; Choi, 2019), ostracism at work lowers an employee's performance competency level and increases their job stress, which further affects their intention to leave. As a result, workers' physical and mental health declines when they experience exclusion and ostracism at work. Additionally, ostracism exacerbates the employee's misery, leading to unfavourable work outcomes like poor job performance, elevated stress levels, and increased intents to leave the company (Leung et al., 2011). Organisational research has specifically shown that workplace ostracism is linked to lower psychological health and satisfaction levels, as well as increased anxiety, depression, job search behaviour, and turnover intentions (Ferris et al., 2008; Hitlan et al., 2006).

Simple regression analysis confirmed that workplace ostracism significantly predicts diminished mental health and its dimension. In essence, increased workplace ostracism leads to a significant decrease in mental health and its dimension. This finding also aligns with previous research. According to Peng and Zeng (2016), experiencing ostracism causes a person a great deal of suffering. Additionally, researchers shown that denying social interaction or engagement has negative psychological effects as opposed to violent

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mistreatment (Peng & Zeng, 2016). Accordingly, ostracism at work restricts social interaction and prevents workers from engaging in deep and lasting connections within the organisation (Jahanzeb & Fatima, 2018). Employees' psychological and physical health may be impacted by workplace ostracism (Heaphy & Dutton, 2008). Workplace ostracism decreases the chances of social belongingness among employees, which in turn deteriorate their social needs (Wu et al., 2011). Thus, employees face vulnerability in fulfilling their psychological and social needs, which hampers their physical and mental conditions. Ostracism in the workplace reduces social interactions and, in turn, reduces employee contributions to the workplace (Robinson et al., 2013)

A study of 262 workers found that 66 percent of participants believed that their coworkers ignored them, while 29 percent said that other coworkers purposefully fled the room when they walked in (Fox & Stallworth, 2005). Ostracism at work reduces social connection opportunities, which are essential for people to meet their psychological requirements. Indeed, ostracism at work may have an impact on workers' physical and mental health (Heaphy & Dutton, 2008). Organisational research has specifically shown that workplace ostracism is associated with lower levels of psychological health and satisfaction, as well as higher levels of anxiety, depression, job search behaviour, and turnover intentions (Ferris et al., 2008; Hitlan et al., 2006).

CONCLUSION

The fundamental organisational demands mentioned by equity theory and conservation resource theory are directly compromised by workplace ostracism, which lowers motivation, organisational commitment, well-being, job satisfaction, and mental health. Better individual and organisational outcomes can be achieved by addressing workplace ostracism and creating an atmosphere where workers' mental health is taken care of. Ostracism and racism in the workplace are serious problems that have an impact on both the general well-being of businesses and individual workers. Through the use of fairness and conservation resource theories, this study clarifies the psychological processes by which ostracism causes its negative impacts. Future researchers face restrictions and problems related to measurement, contextual factors, causal uncertainty, and longitudinal study gaps. To safeguard employees' organisational needs, future studies should investigate these connections and evaluate interventions.

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Conflict of Interest

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