**WORKPLACE OSTRACISM, WORKPLACE SILENCE, OPTIMISM, AND ORGANIZATIONAL CITIZENSHIP BEHAVIOR (OCB) AMONG NURSES IN TEACHING HOSPITALS IN LAGOS METROPOLIS**

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***Abstract***

*This study propose that workplace ostracism (WKO) may trigger workplace silence (WKS) in employees resulting in inefficient work behaviors such as poor performance of organizational citizenship behaviors (OCB); however, factors mitigating or exacerbating these relationships are yet to be fully understood. This study investigate the relationship between OCB, workplace ostracism and silence as well as the mediating role of optimism among nurses in Teaching Hospitals in Lagos metropolis. Using cross-sectional survey design, responses from n = 350 nurses were gathered through structured questionnaire designed to measure the study constructs using multi-stage sampling techniques. Correlation and regression analysis was performed on the study data using SPSS statistical package version 22. Result shows significant relationship between workplace ostracism, silence, optimism, and OCB. Workplace ostracism, silence, and optimism accounted for significant variance in OCB. Also, optimism partially mediated the relationship between ostracism and OCB on the one hand, and silence and OCB on the other hand. Measures aimed at preventing employee silence and ostracism among nurses in the workplace as well as measure for improving optimism as psychological resource among nurses through training should be put in place in order to encourage organizational citizenship behavior among nurses. This study adds to existing literature by emphasizing the importance of optimism as a psychological resource that can augment unpleasant workplace experiences that are less beneficial to an organization.*

**Keywords:** Workplace ostracism, Workplace silence, Optimism, Organizational citizenship behavior.

1. **Introduction**

Achieving the Sustainable Development Goals of ending poverty, and ensuring prosperity and economic growth among nations suggests that firms need the services of highly motivated individuals (Fitriasari, 2020). According to Raza et al. (2021), highly motivated individuals combine good in- and extra-role activities, improving individual and organizational performance. This suggests that engaging employees in contextual performance can lead to working beyond their assigned obligations, allowing them to reach their full potential and organizational effectiveness. Organizational Citizenship Behavior (OCB) has been recognized as one of the extra-role behaviors capable of increasing organizational members' total capacities to achieve organizational goals (Djaelani et al., 2021). Organ (1988) defined OCB as "discretionary behavior that is not immediately or openly acknowledged by the formal incentive system which enhances the effective running of the organization in the aggregate." OCB was defined by El-Kassar et al. (2021) as employee behaviors that are not part of an organization's principal work activities but are necessary to assist organizations to gain a competitive advantage in human capital processes. This study adopts the definition of Organ (1988). Mentoring, assisting a colleague who is slow in completing the day's tasks, taking time to teach a colleague how to perform a specific function, and having the readiness to document information for future organizational members are examples of OCBs.

Nurses care for patients and perform a vital role in healthcare delivery. In today's medical institutions, having high-quality services and customer-focused nurses is vital to achieving quality and successful medical care (Aburayya et al., 2020). Moreover, the emigration of nurses to the western world has put a lot of strain on the nurses left behind to handle the already overburdened workload (Lorente et al., 2021). It is reasonable to suggest that stressed-out nurses may be discouraged from engaging in contextual performance and this could result in negative consequences on the efficacy and efficiency of these teaching hospitals. Recent studies show that OCB in employees, particularly those like nurses in direct contact with customers, is one of the most important variables in providing great service and a competitive advantage for organizations (Guo et al., 2022). A successful medical facility should not neglect the need for its employees to take on additional obligations that are often not reflected in the company's official structure. Unfortunately, in Nigerian OCB literature, there appears to be little or no effort geared toward studying extra-role behavior among nurses in teaching hospitals (Ladebo, 2008).

Therefore, only a small fraction of Nigerian hospitals recognize that poor quality service delivery orchestrated by low OCB by nurses is likely linked to employees being ostracized and/or employees doing or saying very little (Priya and Laxmi, 2021). This aligns with the submission of Howard et al. (2020) who opine that nurses who are ignored by coworkers or superiors may suffer injury, loss, or tragedy in a dyadic relationship. This may culminate in the silence of nurses even when it is evident that they should speak up and they may likely have a low level of participation in an organization’s suggestion schemes. Thus, workplace silence is a clear deterrent to nurses' OCB and causes harm to the organization, and vice versa (Beheshtifar et al., 2012). Furthermore, extant literature suggests that a sense of hope for the future can teach employees to display organizational citizenship behavior (OCB) and maintain power bases, enhancing workplace performance and public healthcare services (Hou et al., 2018). Nurses with high levels of psychological capital of optimism, who have more positive feelings, are more involved in the company and have higher levels of OCB while the reverse is also true for nurses with a low level of psychological capital of optimism. This implies that optimistic employees freely support an organization, which can lead to desirable work behaviors (Bouzari and Karatepe, 2017; Chen, 2017).

The foregoing leaves the researcher to ask some salient questions: what is the relationship between workplace ostracism and OCB in Teaching hospitals? To what extent does workplace silence influence OCB among nurses in teaching hospitals? How does optimism enhance OCB among nurses in teaching hospitals? What is the mediating effect of optimism in the relationship between ostracism and OCB? What is the mediating effect of optimism in the relationship between workplace silence and OCB?

To answer the above-stated questions, the study is of the view that the majority of research on workplace ostracism, workplace silence, and OCB has been conducted in Western culture making their generalizability in non-Western settings uncertain. The study, therefore, aims to fill this gap by investigating the relationship between workplace ostracism, employee silence, and OCB and the mediating role of optimism among nurses in Teaching Hospitals, especially in an emerging economy like Nigeria, where to the best of the researcher’s knowledge, little or no empirical research has been conducted.

**2. Theoretical Framework**

Two theories; organizational identification and Social Exchange theories were employed to underpin the relationship among the study variables. The concept of organizational identification is related to social identity theory (Tajfel, 1978) According to the core principles of SIT, organizational identification is a form of social identification in which a person identifies themselves as a part of a particular social entity, the organization. It is that part of an individual's self-concept that is derived from his membership of a social group (or groups), as well as the value and emotional significance attached to that membership. Employee organizational identity is harmed by workplace ostracism because it conveys to the target an underlying message that he or she has done something wrong, and it symbolizes the organization's social death (Ferris et al., 2017). According to Hassan et al. (2019), it may likely hinder an employee's evaluation of his or her own value in the company and results in a decline in organizational identification.

In light of the foregoing, the organizational identification theory proposes that excluded workers use self-avoidance strategies, such as workplace silence, to protect their remaining resources and lessen their psychological discomfort. As a result, employees are more prone to participate in self-defeating behaviors, which restricts their capacity to engage in beneficial extra-role conduct (Baumeister et al., 2005).

The Social Exchange Theory (SET) was developed by George humans who stated that an exchange behavior is hinged on the interpersonal relationship between two parties which involves a cost-benefit evaluation to determine the advantages and disadvantages of engaging in such interactions(Homans (1958). As a result, it is widely accepted that an employee's relationship with his or her employer is built on reciprocity and that it is the nature of the relationship's exchange that defines whether an employee's behavior is intrinsic or extrinsic to his or her employer (Kim et al., 2020; Li and Yu, 2017).

Resonating this theory this study suggests that ostracized nurses may use the good-with-good and bad-with-bad reciprocity norms to engage in less positive behavior, such as lowering their job performance and OCB when they do not receive support from their employers and feel that their identity in the workplace is threatened (Ferris et al., 2019). Likewise, being ostracized may lead to withdrawal behavior where nurses may withhold their contribution (silence) to achieving the goals of the organization. However, if nurses are ostracized due to poor work performance or a negative attitude, they become optimistic by way of engaging in OCB to improve their standing within the organization and regain their employer’s trust (Laurent et al., 2018).

**2.1 Review of Organizational Citizenship Behavior (OCB) among Nurses**

Organ et al. (2006) defined OCB as voluntary pro-social behavior that is distinct from formal job tasks and responsibilities enacted by an individual in the workplace. Such behaviors benefit both other employees and the organization. Van Dyne and LePine (1998) also defined OCB as "extra-role behavior" that is discretionary, benefits the organization, and goes beyond specified in one’s job description. Extant literature suggests that trust and the quality of interpersonal relationships are two essential variables that serve as a baseline for OCB, and as such, they are extremely important in formal organizations (Organ et al., 2006). Trust ………

And the quality of interpersonal relationships refers to …….

Extant literature revealed that OCB has significant impact on organizational success and individual development (Dunlop and Lee, 2004; Organ et al., 2006). Some OCB dimensions are required for nurses to provide quality services and improve performance within the hospital context (Al-Ahmadi and Mahran, 2022). For example, Altruism has shown to improve the facility's image (Wibowo and Mochklas, 2020), while conscientiousness makes nurses more prompt and attentive (Wang et al., 2021). Sportsmanship helps medical professionals deal with various patient and coworker behaviors (Fatima et al., 2015; Mahnaz, et al., 2013), politeness prevents work-related problems (Seedhouse and Peutherer, 2020), and civic virtue involves actively participating in organizational responsibilities with dedication (Al-Ahmadi and Mahran, 2022). Enactment of these OCBs can lead to better patient care and a more positive work environment. Studies showing factors inhibiting or exacerbating OCB are ongoing and enriching knowledge of the construct.

**2.2 Workplace Ostracism and OCB**

According to Ferris et al. (2008), workplace ostracism refers to the act of being ignored or sidelined by colleagues and/or the organization itself. Workplace ostracism occurs when employees feel alienated, mentally and physiologically injured, and as a result their workplace behaviors are altered (Follmer and Follmer, 2021). Khoo (2010) opines that numerous studies have affirmed the negative impact of workplace ostracism on employees' sense of identification with the organization. For instance, Ferris et al. (2017) confirm that employees that were ostracized showed lower self-esteem and were less interested in OCB.

Feng et al. (2019) also affirm that ostracized nurses are less likely to engage in citizenship activities, leading to lower level of involvement at work. Also Wu et al. (2016) using social identity paradigm shows that workplace ostracism has negative influence on organizational identification, thereby lowering OCB. However, O'Reilly et al. (2014) found a link between workplace ostracism and extra-role behaviors. In all, ostracized nurses may lose a sense of identification resulting in negative reciprocity, meaning that ostracism is linked to undesirable deviant behaviors in line with the "eye for an eye" concept (Greco et al. 2019), thus it is hypothesized that;

1. ***Ho: Significant negative relationship exist between workplace ostracism and OCB among nurses in Teaching Hospitals in Lagos metropolis.***

**2.3 Workplace Silence and OCB**

Workplace silence construct was introduced by Morrison and Milliken (2000) who assert that it is a situation arising within an organization whereby employees intentionally refrain from sharing their thoughts and information about the organization’s activities. Çakıcı (2007) described workplace silence as a detrimental occurrence where employees choose to remain quiet and keeping to themselves thoughts and opinions regarding technical and/or behavioral matters relating to their work or workplace. The behaviors of expressing and withholding one’s opinions are diametrically opposed; silence implies not speaking, whereas, voice necessitates speaking up about critical workplace issues and challenges (Du Plessis and Blom, 2020). According to Milliken, et al. (2003), the "mum effect," as defined by psychologists, could be one cause of people's silence in the workplace.

Research evidence shows that a negative relationship exist between workplace silence and some organizational outcomes such as OCB (Çınar et al. 2013; Acaray & Akturan, 2015). A significant relationship was found between workplace silence and OCB. Also, Eisenberger et al. (2020) and Nafei (2016) confirm that employees engage in less OCB when they were unable to communicate their work-related views to their colleagues and management. This suggests that silence within an organization can have harmful effects on both the organization and its employees including decreased employee well-being and health, diminished employee morale, ineffective communication, and impaired decision-making capabilities; thus it is hypothesized that:

1. ***Ho: Workplace silence would have significant negative influence on OCB among nurses in Teaching Hospitals in Lagos metropolis.***

**2.4 Optimism and OCB**

According to Seligman (2006), optimism is the ability to respond to issues with self-assurance and strong personal ability. Optimism is defined as a belief in a promising future, a propensity to see the good in life events, confidence in capacity to improvement in one's circumstances (Kursan, 2021; Luthans et al., 2005). Making positive attributions and having high expectations for the future are the cornerstones of optimism (Celik, 2018). Luthans et al., (2006) assert that workers high on optimism engage in OCB more than low scorers. Kain (2021) and Ugwu and Igbende, (2017) found significant positive relationship between optimism and two types of OCBs; proactivity and helping behaviors. Likewise, Gooty et al. (2009) opine that optimistic band members dramatically improved their in-role behaviors. Other studies found a positive and significant relationship between optimism and OCB.

For instance, the study conducted by Nawaz et al. (2021) opines that optimism was not significantly correlated with OCB among nurses in Pakistan. Therefore, optimistic individuals provide positive attitudes toward their employer and coworkers, which may account for their greater willingness to take initiatives that advance the success of the firm.

***iii. Ho: Nurses in Teaching Hospitals in Lagos metropolis who are high on optimism will equally improve their performance of OCB.***

**2.5 Mediating role of Optimism between OCB and Ostracism and Silence**

An understanding of how to deal with ostracism is important in coping skills may help to reduce the association between ostracism and poor job outcomes (Choi, 2020). This study by Raja, Javed, and Abbas, (2018) argues that optimism will act as a buffering agent and ameliorate the detrimental impact of workplace ostracism on OCB on the one hand and workplace silence and OCB on the other (Schwarz, 2018). As a result, individuals who have been subjected to workplace ostracism and are silent may attempt to maintain equilibrium by coping (Cooke et al., 2019). The ability to cope will be determined by an individual's psychological resources of optimism (Xu et al., 2019).

Therefore, individuals high in optimism tends to be more confident in their capacity to finish tough tasks, do their best, and overcome challenges; and tend to respond to negative consequences of ostracism (Bandura, 2019) in more positive ways. Optimistic individuals are less likely to interpret workplace ostracism and silence negatively (Seligman, 2006) and mange relationships more cautiously and actively. These beliefs provide "the necessary perseverance in the face of repeated failures, setbacks, and skeptical or negative social" (Bandura and Locke, 2003), thus it is hypothesized that;

1. ***Ho: Optimism will mediate the relationship between workplace ostracism and OCB among Teaching Hospitals Nurses in Lagos metropolis.***
2. ***Ho: Optimism will mediate the relationship between workplace silence and OCB among Teaching Hospitals Nurses in Lagos metropolis.***

***Fig.1*: *Conceptual model for the Study***

***Source: Researcher, 2022***

1. **Methods**

Cross-sectional Survey design was employed, and a standard structured questionnaire made up of validated scales for the study constructs. The study's target population is N = 1,550 nurses from two teaching hospitals in Lagos State; 894 nurses from the State Teaching Hospital (STH), and 656 nurses from the Federal Teaching Hospital (FTH) obtained from the institutions quarterly bulletin. Multi-stage sampling was employed to draw sample n = 350 from nurses (195 from STH, and 155 from FTH). Cluster sampling techniques was employed to identify the nurses from the respective department in order to cover all the various departments. Proportionate sampling was employed to draw respondents across the selected departments and simple random sampling was used to obtain nurses who responded to the survey questionnaire. The study recorded 260 response rate at the end of the data administration exercise resulting to a response rate of 74 percent.

**Measurement**

Organizational Citizenship Behavior (OCB): For OCB, 14 items from Williams and Anderson (1991) were adopted, with seven items measuring the OCB dimensions of OCBI (a = 0.83); sample item: “I would typically take over a coworker’s duties if they are absent from work” and OCBO (a = 0.88); sample item: “My attendance at work is above the norm”. All items were anchored with a four-point Likert scale ranging from 1 (“strongly disagree”) to 4 (“strongly agree”). The four-Likert scale was justified because the researcher required a precise response with no neutral choice.

Workplace Ostracism: The study used a 10-item scale created by Ferris et al. (2008) to assess workplace ostracism. The responses were graded on a four-point scale, with 1 being "Never" and 4 being "Always." "Others at work kept you out of the conversation." "Others left the area when I entered." and "Others at work ignored me." are some examples of sample inquiries. This scale's Alpha reliability was. 92

Optimism: Optimism which is a dimension of Luthans et al, (2006) psychological capital measure was measured using a 6-item adapted from the same. A four-point Likert scale was used to collect responses ranging from 1= Never to 4 = Always. " I approach this job as if "every cloud has a silver lining” and " I am always optimistic about my future " are two examples of things. The scale’s alpha reliability was .86

Organizational silence**:** Organizational silence was measured using a 12-item scale created by Knoll and van Dick (2013). The items were measured with a seven-point scale from 1 (never) to 4 (very often). Sample item was “Sometimes I remain silent at work because I do not want others to get into trouble” and “Sometimes I remain silent at work because I fear disadvantages from speaking up”. This scale's Alpha reliability was. 92.

**Analysis**

Statistical Package for Social Sciences (SPSS) version 26 was used to analyze the data. SPSS was preferred because it provided for precise data analysis and reporting, as well as the creation of very effective charts and the examination of both large and small data sets. Furthermore, regression analysis was used to establish the amount of change in the dependent variable caused by changes in the independent variables. Mediation analysis was carried out

**4. Results**

Table I showed the demographic representation of the respondents of this study. It can be inferred that the majority of the respondents fall within the age bracket 30-39 years (39.6%), followed by 40-49 years (25.4%). Others are 20-29 years (16.9% and respondents were above 50 years (18.1%). On the part of gender, 144 (55.4%) were male, and 44.6% were female. The marital status showed that most of the respondents 154 (59.2%) were married and 97 (37.3) were single. Others were 4(1.5%) divorced and 5 (1.9%) were separated.

**Table I: Demographic representation of the respondents of the study**

**Profile Frequency Percentage (%)**

***Ages***

20-29 44 16.9

30-39 103 39.6

40-49 66 25.4

50 years and above 47 18.1

**Total 260 100.0**

***Gender***

Male 144 55.4

Female 116 44.6

**Total 260 100.0**

***Marital Status***

Married 154 59.2

Single 97 37.3

Divorced 4 1.5

Separated 5 1.9

**Total 260 100.0**

***Educational Qualification***

NCE/OND 4 1.6

HND/B.Sc./ B.A. 119 45.8

MSc. /MBA / Equivalent 131 50.4

Others 6 2.3

Total 260 100.0

***Work Experience***

0-5 years 45 17.3

6-10 years 70 26.9

11-15 years 74 28.5

16yrs and above 71 27.3

**Total 260 100.0**

***Source: Field Survey, 2022.***

For Educational qualification, the majority 131 (50.4%) were graduates with M.Sc./ MBA/ Equivalent, followed by 119 (45.8) respondents with HND/ B.Sc./ B.A. Finally, the work experience of the respondents showed that about 82.7% (215) of the respondents had experience from 6 years and above leaving 45 (17.3%) of the respondents with experience below 6 years.

Table II showed the mean and standard deviation for OCB (3.23, .52); workplace ostracism (2.02, .39); workplace silence (2.17, .35), and optimism (3.15, .61). The correlation between workplace ostracism and optimism was r = -514, p < .01 and workplace silence and optimism was r = -,282, p < .01. This means that increase in workplace ostracism and workplace silence leads to 51.4% and 28.2% decrease in optimism respectively.

**Table II. Mean, Standard Deviation, and Pearson’s correlation between the study variables**

**Factor X SD 1 2 3 4**

1. OCB 3.23 .52 1

2. WKO 2.02 .39 -.432\*\* 1

3. WKS 2.17 .35 -.529\*\* .494\*\* 1

4. OPTM 3.15 .61 .462\*\* - .514\*\* -.282\*\* 1

Notes: \*\*p<0.01. X: Mean, SD: Standard Deviation; OCB: Organization citizenship behavior; WKO: Workplace ostracism; WKS: Workplace silence; OPTM: Optimism.

Moreover, table II showed that workplace ostracism and workplace silence were indirectly related to OCB (-.432, -.529, p < .01) respectively. This implies that increase in workplace ostracism and silence resulted to 43.2% and 52.9% decrease in OCB respectively.

**Table III. Simple Regression Model Summaries**

**Model R R2 Adjusted R2 Sig.**  1 .432 .187 .184 .000

2 .529 .280 .278 .000

3 .462 .214 .211 .000

However, optimism showed a positive relationship with OCB (.462, p < .01). Nevertheless, to achieve the objective of this study, the study used simple regression since correlation serves as a pretest to other statistical analyses (Chapman, 2018). The result of the simple regression in Table III, Table IV, and Table V indicated in Model 3 that workplace ostracism explained 18.7% of the variation in OCB (R2 = .187, F (1, 258) = 59.222, p < .001), and model 1 was a good fit. It was discovered that workplace ostracism significantly predicted OCB (β = -432, p < .001). The study concluded by accepting H01. Thus, the study concluded a negative relationship exists between workplace ostracism and OCB among nurses in Teaching Hospitals.

**Table IV. ANOVA**

**Model Sum of Square df Mean Square F Sig.**

1. Regression 12.953 1 12.953 59.222 .000

Residual 56.430 258 .219

Total 69.383 259

1. Regression 19.452 1 19.452 100.514 .000

Residual 49.931 258 .194

Total 69.383 259

1. Regression 14.827 1 14.827 70.118 .000

Residual 54.556 258 .211

Total 69.383 259

Notes: Dependent variable: Organizational citizenship behavior (P < 0.05) Predictors (constant), Workplace ostracism, Predictors (constant), Workplace silence, Predictors (constant) Optimism

***Field study, 2022.***

**Table V. Summary of Coefficients of the Three Predicting Variables on Organizational Citizenship Behavior**

**Variables B SE (Std error) β T Sig.**

1. WKO -.568 .074 -.432 -.769 .000

2. WKS -.792 .079 -.529 -10.26 .000

3. OPTM .394 .047 .462 8.374 .000

Notes: Dependent variable: Organizational citizenship behavior (P < 0.05) Predictors (constant),

WKO: Workplace ostracism, Predictors (constant), WKS: Workplace silence,

Predictors (constant), OPTM: Optimism

***Field Survey, 2022****.*

In addition, in model 4, as shown in Table IV, and Table V, the simple regression result indicated that 28% of the variation in OCB was accounted for by workplace silence (R2 = .280, F (1, 258) = 100.514, p < .001). The F statistics showed that model 2 was a good fit and that workplace silence significantly predicted OCB (β = -529, p < .001). Thus the study supported H02 and concluded that workplace silence among nurses significantly negatively impacts nurses’ OCB in Teaching Hospitals.

Table IV and Table V also revealed that in model 3, the simple regression result indicated 21.4% of the variance in OCB was accounted for by optimism among nurses ((R2 = .214, F (1, 258) = 70.118, p < .001). therefore, model 3 showed a good fit and nurses’ optimism was a significant predictor of OCB (β = 462, p < .001). Hence, the study rejected H03 and concluded that nurses’ optimistic behavior has a significant effect on their OCB in Teaching Hospitals.

**Table VI. The Mediating Effects of Optimism using Hayes’s Process Macro.**

Variable/effect β B E t p 95%ConfidenceInterval

WKO → OCB -.262 -.347 .082 -4.238 .000 -.509 -.186

WKO → OPTM -.514 -.794 .082 -9.631 .000 -.956 -.632

WKO → OPTM → OCB .326 .278 .053 5.235 .000 .173 .383

**Effects**

Direct -.347 .082 -4.238 .000 -.509 -.186

Indirect -.426 -.221 .050 -.324 -.131

Total -.568 .074 -7.696 .000 -.713 .423

Note: OCB: Organization citizenship Behavior; WKO: Workplace Ostracism; OPTM: Optimism.

Hypothesis four (H4) which stated that nurses’ optimistic behavior mediates the relationship between workplace ostracism and OCB in Teaching Hospitals was investigated using Process Macro version 3.5 regression analysis as indicated in Table VI. Results indicated that workplace ostracism was a significant predictor of optimism, B = -.794, SE = .082, 95% CI [-.956, -.632], β = -.514, p = .000, and that optimism was a significant predictor of OCB, B = .278, SE = .053, 95%CI [.173,.383], β = .326, p = .000. These results support the mediational hypothesis.

Workplace ostracism was a significant predictor of OCB after controlling for the mediator, optimism, B = -.347, SE = .082, 95%CI [-.509, -.186], β = -.262, p = .000, consistent with partial mediation. The indirect effect was tested using a percentile bootstrap estimation approach with 10000 samples (Shrout & Bolger, 2002), implemented with the PROCESS macro Version 3.5 (Hayes, 2017). These results indicated the indirect coefficient was significant, B = -.221, SE = .050, 95%CI [-.324, -.131], partially standardized β = -.426. The mediator – optimism – accounted for 58.9% of the total effect on OCB [-221 / -.568]. Therefore, H4 was supported.

**Table VII. The Mediating Effects of Optimism using Hayes’s Process Macro.**

Variable/ effect β B SE t p 95% Confidence Interval

WKS → OCB -.433 -.649 .076 -8.514 .000 -.799 -.499

WKS → OPTM -.282 -4.496 .105 -4.726 .000 -.702 -.289

WKS → OPTM → OCB .340 .290 .043 6.675 .000 .204 .375

**Effects**

Direct -.649 .076 -8.514 .000 -.799 -.499

Indirect -.277 -.144 .041 -.231 -.071

Total -.793 .076 -10.023 .000 -.948 -.637

Note: OCB: Organization citizenship Behavior; WKS: Workplace Silence; OPTM: Optimism.

Hypothesis five (H5) which stated that optimistic behavior mediates the relationship between workplace silence and OCB in Teaching Hospitals was investigated using Process Macro version 3.5 regression analysis as shown in Table VII. Results indicated that workplace silence was shown to be a significant predictor of optimism, B = -4.496, SE = .105, 95% CI [-.702, -.289], β = -.282, p = .000, and that optimism was a significant predictor of OCB, B = .290, SE = .043, 95%CI [.204, .375], β = .340, p = .000. These results also support the mediational hypothesis. Workplace silence was a significant predictor of OCB after controlling for the mediator, optimism, B = -.649, SE = .076, 95%CI [-.799, -.499], β = -.433, p = .000, consistent with partial mediation.

The indirect effect was tested using a percentile bootstrap estimation approach with 5000 samples (Shrout & Bolger, 2002), implemented with the PROCESS macro Version 3.5 (Hayes, 2017). These results indicated the indirect coefficient was significant, B = -.144, SE = .041, 95%CI [-+.231, -.071], partially standardized β = -.277. The mediator – optimism – accounted for 18.2% of the total effect on OCB [-144 / -.739]. Therefore, H5 was supported.

**5. Discussions**

The main objective of this study was to investigate workplace ostracism, workplace silence, and the mediating role of optimism on the OCB among nurses in teaching hospitals. To meet this objective, the study developed five hypotheses. Hypothesis one (H01) which stated that a negative relationship exists between workplace ostracism and OCB among nurses in teaching hospitals was supported as indicated in the outcome in model 1. From Table V, increase in workplace ostracism led to a 43.2 % decrease in OCB. This means that the nurses who experience workplace ostracism demonstrate a low level of engagement in OCB.

This is because nurses who experienced workplace ostracism might make various adjustments including ignoring to engage in OCB. The study is consistent with the empirical findings in the literature and corroborates the detrimental role of workplace ostracism as supported by the submissions of Ferris et al. (2017), Feng et al. (2019), and Greco et al. (2019), who all agreed that ostracized employees engage less in OCB following the social exchange theory.

Consistent with hypothesis two H02, the study inferred that workplace silence among nurses significantly negatively impacts nurses’ OCB in teaching hospitals as shown in model 2 in Table V (β = -.529). That is the higher the level of workplace silence, the lower the nurse’s engagement in OCB. This implies that if nurses were not allowed to express their ideas relating to the organization, and management, their organizational citizenship behavior level decreases. They tend to dissociate themselves from the organization, withhold ideas, block organizational learning, engage in slow work, creative solutions, and thoughts to themselves, become non-volunteers, and stop contributing efforts to the organization. Similar results were found by Eisenberger et al. (2020) Nafei, (2016), and Morrison and Milliken (2000) who opined that employees who remain silent are less likely to engage in OCB.

Results from model 3 did not support hypothesis three H03 which stated that nurses’ optimistic behavior has no significant effect on their OCB in teaching hospitals. Table V showed that increase in optimism contributed to a 46.2% increase in OCB. As expected, optimism was positively and significantly related to OCB. This suggests that nurses who were more inclined to engage in OCB in their organization were those who were more hopeful and confident about their future. Because the employees have goodwill about the organization, they tend not to react to any form of ostracism faced by them in their respective organizations.

This submission is in line with the opinion of Seligman (2006) who proposed that optimism in people leads to their well-being and positively affects their behavior in the organization.Optimism was positively correlated with OCB, as was predicted and documented in the literature. This result aligns with the conclusions of Avey et al. (2009) and Luthans et al. (2006).

In addition, for hypothesis four, the result in model 4 was in support of hypothesis H04 which stated that nurses’ optimistic behavior mediates the relationship between workplace ostracism and OCB in teaching hospitals.

This implies that the relationship between workplace ostracism and OCB is strengthened by optimism. The result is as expected, as optimism served as an internal drive for the nurses to demonstrate OCB despite experiencing workplace ostracism. The optimistic nurses take workplace ostracism as a challenge, instead of allowing it to negatively affect their work outcomes. This submission is in line with the opinions of Seligman (2006), Bandura and Locke (2003), and Avey et al. (2009) who averred that optimistic persons are less likely to interpret workplace ostracism as negative or frightening.

Lastly, the study supported hypothesis five (H05) which was represented by model 5. Thus, it was revealed that optimism mediated the relationship between workplace silence and OCB. That is, nurses who possess optimistic resources will be less likely to react to workplace silence thereby enhancing their OCB in their organization. As expected, the result aligned with the aversions of Avey et al. (2009), and Hobfoll (2011) who stated that optimism significantly reduces the link between daily annoyances, emotional exhaustion, and physical disease.

**6. Conclusions and Recommendations**

This study looked into workplace ostracism, workplace silence, optimism, and organizational citizenship behavior among nurses in teaching hospitals. The study concluded that organizations must use their human resources, particularly while using their unknown potential. Employee voice and employee identification are two strategies for getting people to make important contributions to the goals of the company. In this study, it was found that there is a significant and negative correlation between OCB and workplace silence as well as between workplace ostracism and OCB.

This implies that employees' organizational citizenship behavior level declines if the employee’s identification with the organization is threatened while experiencing workplace ostracism. Likewise, employee OCB declines when they are not allowed to voice thoughts relating to their work. As a result, the company loses fresh perspectives, innovative ideas, and creative solutions that could greatly benefit the company. However, there was a direct relationship between nurses’ optimism and OCB, and nurses’ optimism mediates the relationship between workplace ostracism and OCB on the one hand and workplace silence and OCB on the other. A nurse that is optimistic will continue to execute his or her OCB even if s/he is being ostracized and experiencing workplace silence.

The study concludes that workplace silence and ostracism should be reduced in order to promote OCB among employees. In addition, hospital administration should support regular training that focuses on developing psychological resources (optimism). Policies should also be created to prevent workers and employers from silencing their coworkers and isolating them in the workplace. Last but not least, allowing employees to express their opinions will help them become more trusted and will include them in decision-making.

1. **Theoretical and Practical Implications of the Study**

The three theories discussed in this study were supported by the study findings. Firstly, the study found that when staff members are ostracized or encounter workplace silence, it damages their organizational identity and causes them to completely avoid taking part in OCB. Secondly, the study provided evidence in support of the social exchange theory since it demonstrated a decrease in OCB in workers who experienced workplace silence and ostracism. Finally, the study also showed support for the COR as an employee resource as reflected in the relationship between workplace ostracism and OCB on the one hand and workplace silence and OCB on the other. This implies that employees avoid OCB when they experienced workplace ostracism and distance themselves by engaging in workplace silence to protect themselves from resource loss.

The HR division and each sub-division should also make sure that their training programs regularly inform staff members about the value of building an OCB personality and how to make/take/act on decisions involving OCB. To help everyone involved in the hospital build a sense of shared values, the hospital administration should also have a clear written policy detailing expectations for personnel as well as defining what is and is not deemed appropriate. Findings indicate that managers can take steps to lessen workplace ostracism and workplace silence. Managers must increase employee psychological resources by reducing ostracism and silence among employees. Managers can advise staff members on the negative effects of workplace ostracism during training.

1. **Future Research**

This study has certain methodological restrictions. Firstly, only a sample of state and federal teaching hospitals in Lagos was included in the research, which was focused on teaching hospitals in Nigeria. Data were only available for this sample. This study's shortcoming is the generalizability of the sampling. Employees from other industries may experience different outcomes. It is critical to highlight that researchers should exercise caution when extrapolating the findings to various cultural, environmental, and political situations. Likewise, the study used a cross-sectional design to establish the relationships between the variables. Future research should employ longitudinal research to establish the same at a different point in time. Future studies should examine the mediating impacts of additional psychological capital elements on the relationship between the result and predictor variables, as well as the moderating effects of optimism on the association between the study's variables.

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