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IMPACT OF WORKPLACE OSTRACISM AND INCIVILITY ON OCCUPATIONAL BURNOUT WITH THE MODERATING ROLE OF EMOTIONAL ABUSE

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KEYWORDS

Workplace Ostracism, Workplace Incivility, Occupational Burnout, Emotional Abuse, Healthcare Industry.

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ABSTRACT

Purpose: The goal of this study is to investigate how workplace ostracism and workplace incivility affect occupational burnout, with the moderating role of emotional abuse, among workers in the healthcare industry in Pakistan. **Design/Methodology/Approach:** A quantitative approach was embedded in this study. A random sample of the healthcare industry was selected from Pakistan. Data were collected from various lower-level healthcare workers/staff in Pakistan, such as medical officers (MO), nurses, and medical assistants. A structured questionnaire was developed and disseminated among respondents using a convenience sampling technique. Quantitative data were analysed using descriptive and inferential statistical techniques using SmartPLS. To develop the study's hypothetical results, the questionnaire's reliability was assessed using Cronbach's alpha and discriminant validity, while hypothesis validity was based on T-values and P-values. **Findings**: The study found that workplace ostracism and workplace incivility are significantly related to occupational burnout. Emotional abuse has been found to significantly moderate the correlations of workplace ostracism and workplace incivility with occupational burnout among workers in the Pakistani healthcare industry. **Implications/Originality/Value:** This study focused on Pakistan's healthcare industry and will be highly beneficial for policymakers, healthcare administrators, and researchers in Pakistan in developing programs and policies to meet employees' needs. Generally, employees are more likely to be contented at work when their workplace is open and inclusive. Organisations, including the healthcare industry, should strive to create an environment conducive to good communication and harmony within the organisation.

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Introduction

Background

Healthcare organizations face mounting workforce pressures. Staffing capacity in the coming years is therefore a growing concern. An increasing number of countries have difficulties finding enough motivated and committed nurses; reports of fatigue among healthcare workers have also increased (Sagherian et al., 2021). Heavy workloads and discourteous interactions are among the pressures nurses encounter, with potential consequences for health and work performance. Workplace ostracism refers to being ignored or excluded by colleagues (Samma et al., 2020). According to previous studies, ostracism and incivility are linked with weaker organizational performance and less innovative work (Rasool et al., 2020). Incivility has been associated with anxiety, worry, and other forms of distress, as well as reported physical complaints such as headaches, ulcers, and high blood pressure. The burnout framework used here emphasizes exhaustion and disengagement (Anjum et al., 2020). Such exclusion from everyday workplace interactions can leave a person feeling ignored by coworkers (Raaj & Anju, 2019). A study by Shafique et al. (2020) described feelings of helplessness, rejection, and stress among nurses who are excluded. Unlike more overt aggression or harassment, ostracism often takes a passive form (Abubakar et al., 2018). Ostracism may also be discussed as a covert form of workplace bullying. Bullying, however, generally entails repeated mistreatment that can harm a person psychologically, verbally, or physically; exerting control over the target is one possible aim (Halim et al., 2023).

Workplace incivility is linked to job attitudes, stress, and conduct among both those targeted and those who behave uncivilly (Bashir et al., 2020). Studies also associate incivility with lower job satisfaction and organizational commitment, alongside greater stress and stronger intentions to leave (Han et al., 2021). At work, incivility can take the form of offensive remarks, discourtesy, or disregard for others, whether from supervisors or colleagues. These experiences have been linked with intentions to leave, mental-health difficulties, and burnout. A culture of respectful behavior may help protect employees' self-esteem and well-being (Al-Haziazi, 2023).

Employees exposed to incivility may report more negative emotions, less emotional stability, and lower self-esteem. Weak expectations of respectful conduct and passive leadership may allow incivility to persist. In addition, employees are less likely to demonstrate uncivil behavior when they perceive support, respect, trust, and civility from their colleagues (Park & Martinez, 2021). Here, incivility denotes relatively low-intensity, disrespectful conduct toward coworkers. Incivility has also been linked with mental and physical strain (Butt & Yazdani, 2021). Disrespect may also contribute to employees' decisions to leave. Mao et al. (2019) argued that misconduct, including theft, bribery, and deception, can harm individuals, organizations, and the wider community. In healthcare settings, addressing unacceptable conduct is especially important (Tariq & Amir, 2019). Healthcare workers' interactions matter for patient well-being, making this setting an important place to examine interpersonal conduct.

Incivility and emotional abuse may occur together; exposure to incivility is also associated with emotional fatigue and lower job satisfaction (Raaj & Anju, 2019). When employees have limited emotional resources, coping with repeated mistreatment may be especially difficult (Tong et al., 2019). Workplace ostracism can involve feeling neglected or excluded by others for no apparent reason and may be understood as a form of interpersonal mistreatment (Strandmark et al., 2019). According to Li et al. (2020), occupational burnout has been reported in a range of countries. Intensive-care nurses may face particular burnout risks from heavy workloads, insufficient staffing, demanding care, and exposure to end-of-life situations. Persistent burnout can harm nurses' well-being and may be accompanied by poorer care, higher turnover, and staff shortages (Alenezi et al., 2019).

According to Jahanzeb and Fatima (2018), work stress is associated with adverse outcomes, including occupational burnout. Workplace ostracism may impair organizational functioning by accompanying counterproductive work behavior, reduced adaptability, and weaker performance (Butt & Yazdani, 2021). To better understand employees' frustration and exhaustion, this study examines ostracism and incivility alongside emotional abuse and occupational burnout. It also considers these relationships in a setting where demanding workloads may compound psychological strain.

This study examines how workplace ostracism and incivility relate to occupational burnout in Pakistan's healthcare workforce, and whether emotional abuse changes either relationship. Its findings may help managers identify interpersonal conditions associated with employee stress and exhaustion. Possible responses include encouraging cooperation among staff, strengthening communication, and offering teamwork training. Such measures could support healthier working relationships, but their effects on stress or performance would need to be evaluated rather than assumed.

Literature Review and Hypothesis Development

Hypothesis development is grounded in the theoretical and empirical literature that explains the relationships among workplace ostracism, workplace incivility, emotional abuse, and occupational burnout. Based on these theoretical arguments and empirical findings, the following hypotheses are proposed for empirical testing.

Relationship of Workplace Ostracism with Occupational Burnout

An employee may feel like an outsider, their feeling of belonging decreases, and their affiliation with the group decreases when others ignore or reject those (Samma et al., 2020). Ibrahim and Olaleye (2025) linked workplace ostracism with emotional exhaustion and reduced job productivity; the present study examines occupational burnout as a distinct outcome. When a person is ostracized by others, his or her needs for self-esteem, belongingness, control, and a meaningful existence are threatened (Geng et al., 2026). Xia and colleagues examined workplace ostracism and task performance through a conservation-of-resources framework (Xia et al., 2019). As workplace

ostracism induces pain and is a disliked experience at work, it adversely affects the well-being of employees. A study by Li et al. (2021) found that workplace ostracism is associated with negative affect, frustration, sadness, nervousness, and emotional exhaustion.

This association can be interpreted through the lens of the Conservation of Resources Theory, which posits that individuals strive to safeguard and retain valued resources. The present model proposes that exclusion can drain emotional and social resources, potentially increasing burnout risk. Research among nurses has also examined ostracism in relation to deviant behavior (Shafique et al., 2020). Consistent with this perspective, Li et al. (2021) observed that ostracized individuals frequently report adverse emotional states, including distress, frustration, anxiety, and exhaustion. Xia et al. (2019) applied conservation-of-resources theory to the relationship between workplace ostracism and task performance; their study did not directly test occupational burnout.

Hypothesis1: There is a significant relationship between Workplace Ostracism and Occupational Burnout.

Relationship with Workplace Incivility and Occupational Burnout

Some researchers have found a positive connection between workplace incivility and occupational burnout. Ethical leadership and follower personality have also been examined in relation to workplace incivility (Taylor & Pattie, 2014). Under conservation-of-resources theory, sustained demands without sufficient recovery can contribute to burnout (Hobfoll, 1989). Workplace violence, a major occupational health, and safety concern arises once nurses experience: Verbal abuse, physical threat, physical assault, sexual assault, and/or homicide (Abdel-Sattar, 2020). An individual who is targeted by workplace incivility experiences more negative emotions, which can lead to a depletion of his or her emotional resources. Among nurses, studies associate workplace incivility with burnout and adverse work attitudes (Lee et al., 2024). This evidence supports the proposed positive relationship between incivility and burnout. Work overload was also significantly linked to nurses' burnout and healthcare workers' turnover intention (Rotenstein et al., 2023).

Extant literature also establishes a positive association between workplace incivility and occupational burnout. Evidence among nurses links workplace incivility with burnout-related outcomes (Lee et al., 2024; Martin & Zadinsky, 2022). Persistent demands and limited opportunities to replenish resources offer a theoretical explanation for burnout (Hobfoll, 1989). Among emergency nurses, workplace violence includes more severe mistreatment than the low-intensity incivility examined here (Abdel-Sattar, 2020).

A related, but distinct, form of workplace mistreatment has also been studied in Pakistan: among banking employees, bullying and sexual harassment were associated with turnover intentions, with emotional exhaustion examined as a mediator (Adnan et al., 2021). These findings offer contextual evidence about mistreatment and withdrawal, not direct evidence about incivility in nurses. In a separate study of Pakistan's banking sector, Rafiq et al. (2026) examined how negative workplace gossip relates to incivility through performance pressure; that study did not test the incivility–

burnout association proposed here. Additionally, excessive workload has been identified as a critical contributor to burnout among healthcare professionals (Rotenstein et al., 2023). Collectively, these findings highlight the significant role of workplace incivility in exacerbating occupational burnout.

Hypothesis2: There is a significant relationship between Workplace Incivility and Occupational Burnout.

Emotional Abuse as a Moderator

Moderation impact on the relationship between Workplace Ostracism and Occupational Burnout

Emotional abuse encompasses behaviors that inflict psychological harm through persistent criticism, humiliation, intimidation, or manipulation. Such experiences erode employees' psychological resilience and diminish their capacity to cope with work-related stressors. The study proposes that emotional abuse may amplify the association between workplace ostracism and burnout. An individual's psychological resources include emotional, cognitive, and motivational capacities. In a separate study of pharmaceutical sales staff, Bakhtawar et al. (2021) examined work overload and intimidation alongside employee engagement and organizational climate; those findings provide context for workplace stressors but do not test the emotional-abuse moderator proposed here. The model considers whether repeated isolation may compound resource losses; it does not test psychological capital as a coping mechanism. Professional maladaptation and emotional burnout have also been described among internship doctors (Khmiliar et al., 2021). This study therefore proposes emotional abuse as a moderator of the ostracism–burnout association; job performance, job stress, and turnover intention are not the outcomes tested in that hypothesis. Chen and Li (2020) examined emotional exhaustion and psychological detachment in the relationship between workplace ostracism and unsafe behavior. Jiang et al. (2021) examined emotional exhaustion and resilience in the link between ostracism and deviant behavior, not emotional abuse. In a nutshell, disengagement can be viewed as a relationship between people and their jobs in such a way that if disengagement increases, employees' willingness to work declines. Among Chinese nurses, workplace ostracism has been studied in relation to emotional exhaustion and unethical behavior (Qi et al., 2020) and may weaken the quality of care of patients (El-Guindy et al., 2022). Among healthcare staff, workplace ostracism has been studied alongside perceived health, job satisfaction, and stress (Manninen et al., 2024). Workplace loneliness may shape how ostracism relates to job performance (Uslu, 2021). The study investigated whether emotional abuse moderates the relationship between workplace ostracism and occupational burnout. In light of the COR, it can be assumed that the repeated experience of ostracism eventually exhausts the employee due to the subsequent increased stress. Research among nurses has also examined ostracism in relation to deviant behavior, with mediating pathways rather than disease outcomes (Shafique et al., 2020).

On this basis, emotional abuse is expected to strengthen the relationship between workplace ostracism and occupational burnout.

Hypothesis3: The relationship between Workplace Ostracism and Occupational Burnout is significantly moderated by Emotional Abuse.

Moderation impact on the relationship between Workplace Incivility and Occupational Burnout

Workplace incivility can develop within strained relationships among employees. Zeeshan et al. (2025) examined workplace ostracism as a predictor of instigated workplace incivility. This study considers whether emotional abuse further strengthens the association between incivility and occupational burnout. In healthcare workers, low self-esteem has been linked to burnout both directly and indirectly through stress (Johnson et al., 2020).

Emotional abuse is considered here as a potential moderator of the relationship between workplace incivility and burnout, rather than a demonstrated cause of incivility. Sustained workplace pressures may contribute to burnout, commonly described in terms of exhaustion, depersonalization, and reduced personal accomplishment. Lee et al. (2024) investigated workplace incivility and workload in relation to nurses' work attitudes, with burnout examined as a mediator. Workplace incivility, characterized by discourteous or rude behavior with disregard for others is unfortunately prevalent in healthcare settings (Martin & Zadinsky, 2022). Among nurses, workplace incivility has been investigated in relation to turnover intention (Kavaklı & Yildirim, 2022). Work demands and strained interactions may coexist in healthcare settings. Whether emotional abuse alters the association between incivility and burnout remains the question tested in this study.

This dynamic can also be explained through Social Exchange Theory, which suggests that workplace interactions are governed by reciprocal exchanges. Applied to the present study, reciprocal-exchange theory suggests that disrespect may undermine trust and engagement (Molm et al., 2007); this is a theoretical interpretation rather than a finding of the present survey. In this proposed model, emotional abuse may intensify the association between workplace incivility and burnout by undermining the quality of social exchanges within the organization. Accordingly, emotional abuse is expected to strengthen the relationship between workplace incivility and occupational burnout.

Hypothesis4: The relationship of Workplace incivility and Occupational Burnout is significantly moderated by Emotional Abuse.

Underpinning Theories

Theory of Resource Conservation (COR)

Conservation of Resources Theory (COR) is a stress theory that describes the motivation that makes individuals maintain their existing resources and look for new ones (Hobfoll, 1989). This study applies COR theory to the proposed link between ostracism and burnout. A separate nurse study examined ostracism and deviant behavior (Shafique et al., 2020). Ostracism research identifies four needs that exclusion may threaten: self-esteem, belonging, control, and meaningful existence (Williams, 2001). Theoretically, the COR emphasizes losses, threats and common concerns of employees, and if

employees have low self-esteem, it is possible they may think they are of less worth to the organization. The present study does not test self-esteem as a separate mediator; here, these threatened needs provide theoretical context for the proposed association between exclusion and burnout.

Social Exchange Theory

Organizational research also describes knowledge hiding as a counterproductive interpersonal behavior (Serenko & Bontis, 2016). Social-exchange theory offers a separate perspective: patterns of reciprocation can shape the trust and solidarity that develop between people. Exchanges may be direct or indirect, rather than necessarily two-way (Molm et al., 2007).

Molm et al. (2007) studied how structures of reciprocity influence trust and solidarity in social exchange; their experiment did not test employee burnout. Applied to this study, reduced trust and reciprocity could offer a pathway linking interpersonal mistreatment with disengagement; that proposed pathway was not tested independently.

Conceptual Framework

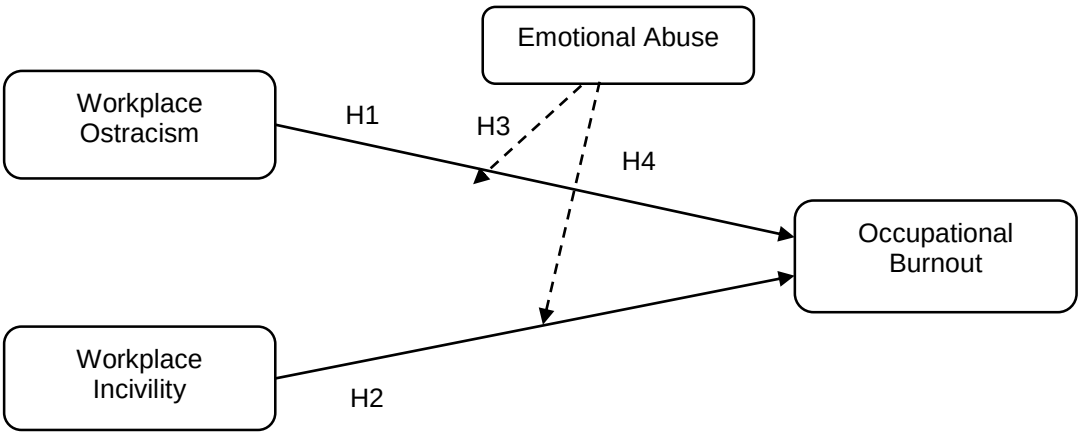


Figure 1: Research Framework

Methodology

Research Design and Methodology

This quantitative study used questionnaire responses from healthcare workers in Pakistan to examine the proposed relationships among its study variables. Questionnaires were distributed to 255 workers; 201 completed responses were retained for analysis. Guidance on PLS-SEM reporting is provided by Hair et al. (2019). A fixed sample-size rule of 100–200 does not, however, establish adequate statistical power for this particular model. Participants, including medical officers, nurses

and medical assistants, were recruited through non-probability convenience sampling. The individual healthcare worker was the unit of analysis.

Scale Measurement

Workplace ostracism was assessed using items drawn from an established ostracism measure (Ferris et al., 2008; Wu et al., 2012). Workplace incivility was assessed using items attributed to the published incivility measure (Cortina et al., 2013). The incivility items used frequency-response options; the precise response labels and any adaptation of the cited measure could not be verified from the available materials. Prior work provides conceptual background on burnout (Halbesleben, 2006; Maslach et al., 2001). The study also measured burnout and emotional abuse by questionnaire; the item-level sources and adaptations for these measures have not been specified.

Data Analysis

Response Rate

We have included all the details about the population and sample of the data we collected for the purpose of collecting the data for the construction of our study in the table below. The questionnaires were distributed to 255 (100%) respondents in our target population (Hair et al., 2019). The survey received 219 responses (85%) out of 255. At the end, 201 properly filled questionnaires were finalized for data collection.

Table-1: Response Rate

Description	Nos	%
Questionnaires	255	100
Received	219	85.88
Finalized	201	78.82

Demographics

Table-2: Demographics

Demographics	Respondent	%
Gender		
Male	34	16.91
Female	167	83.09
Age of Respondents		
20-29	61	30
30-39	110	55
40 and above	30	15
Years of Experience		

1-7 years	42	21
8-15 years	94	47
Above 15 years	65	32
Level of Education		
Up to Intermediate	104	52
Bachelors	62	31
Master's & above	35	17

Descriptive Statistics

In a particular setting, the average value (mean value) represents the average dispersion between two data points. When the standard deviation is low, it is possible for the observed values to be close to the mean. A high standard deviation will result in data points that encompass a wide range of values. As shown in Table 3, the selected construct has a normal distribution.

Table-3: Descriptive Statistic

Constructs	N	Mean	Median	Std. Dev	Kurtosis	Skewness
Workplace Ostracism	201	0.000	0.000	1.000	3.581	-0.872
Workplace Incivility	201	0.000	-0.116	1.000	3.939	-0.816
Emotional Abuse	201	0.000	0.092	1.000	3.177	-0.823
Occupational Burnout	201	0.000	0.000	1.000	2.678	-0.448

Inter-Construct Correlation

The correlation coefficient demonstrates how closely the two variables are related. Table 5 describes how the variables differ from one another. There's a difference between -1 and +1 in the contact distance.

Table-4: Inter-Construct Correlation

Constructs	EA	OB	WI	WO
Workplace Ostracism	0.669	0.669	0.772	1.000
Workplace Incivility	0.683	0.691	1.000	0.772
Emotional Abuse	1.000	0.828	0.683	0.669
Occupational Burnout	0.828	1.000	0.691	0.669

Validity and Reliability

A loading factor of 0.5 or higher was shown to be appropriate in this experiment (Hair et al., 2019). All loading factors are within permissible limits and meet the loading parameters in Table.

According to Nunnally, (1978), an alpha value greater than (>) 0.70 of all factors indicated a good construct reliability (Butt, 2020)

Table-5: Validity and Reliability

Construct	Factors	Loading	AVE	C.R	Alpha
Emotional Abuse	EA1	0.462	0.713	0.881	0.800
	EA2	0.372			
	EA3	0.356			
Workplace Ostracism	WO1	0.262	0.545	0.857	0.791
	WO2	0.257			
	WO3	0.275			
	WO4	0.316			
	WO5	0.246			
Occupational Burnout	OB1	0.186	0.512	0.879	0.840
	OB2	0.208			
	OB3	0.193			
	OB4	0.110			
	OB5	0.254			
	OB6	0.261			
	OB7	0.157			
Workplace Incivility	WI1	0.277	0.566	0.867	0.809
	WI2	0.253			
	WI3	0.233			
	WI4	0.225			
	WI5	DELL			
	WI6	0.338			

Discriminant Validity

An indication of discriminant validity is when a test of a concept correlates with other tests that are designed to measure multiple other concepts theoretically. The result is that the two pathways are not interconnected. HTMT factors are used to identify terms, such as prejudice and racism, whose HTMT value should not exceed 1 (Wang et al., 2015).

Table-6: Discriminant Validity (Fornell-Larcker Criterion)

Constructs	Emotional Abuse	Occupational Burnout	Workplace Incivility	Workplace Ostracism
Emotional Abuse	0.844			
Occupational Burnout	0.828	0.716		

Workplace Incivility	0.683	0.691	0.752	
Workplace Ostracism	0.669	0.669	0.772	0.739

Structural Model

Graphical Representation

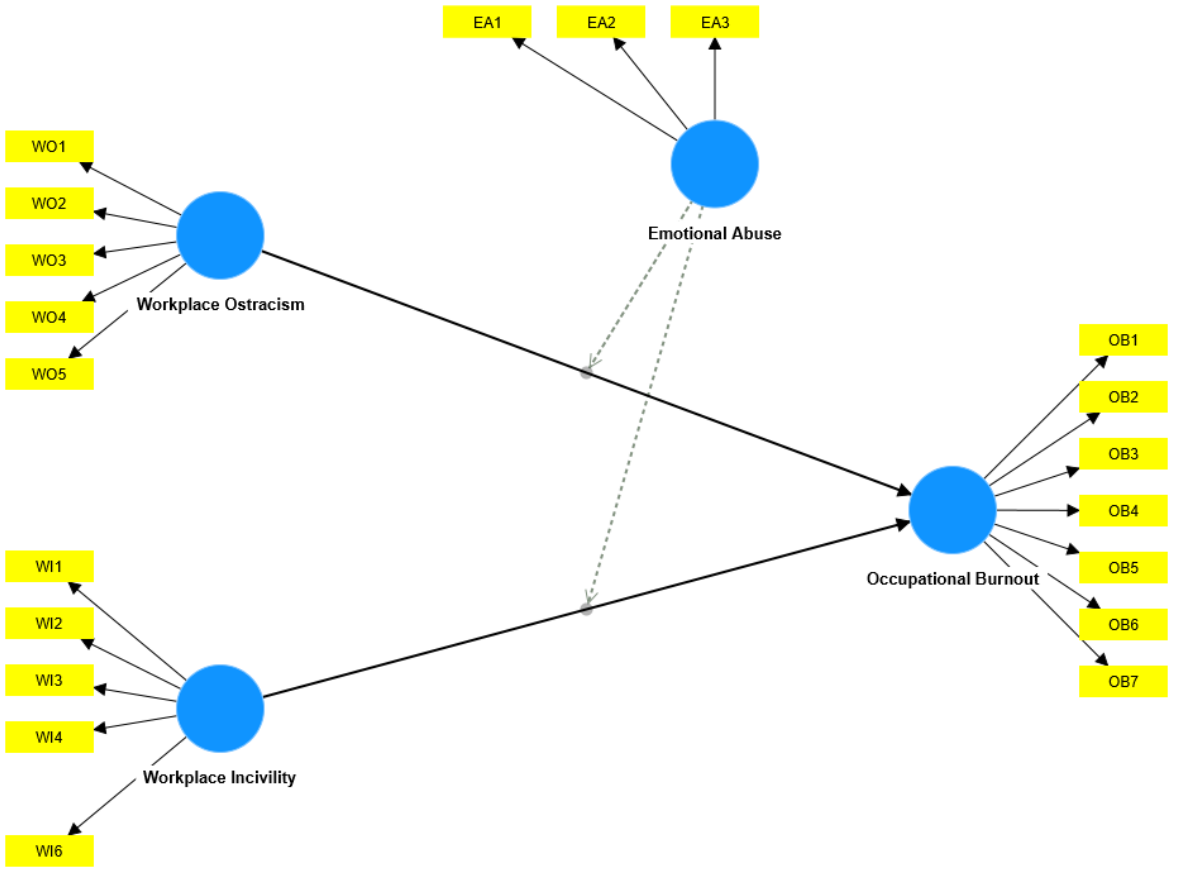


Figure-2: Structural Model

Path Analysis

Path Co-efficient (β)

In all cases, except for three, all beta values are positive, indicating that all hypotheses are generally accepted. It is evident from the p-value that there is a significant correlation between the variables.

Table-7: Path Co-efficient (β)

Relationships	Path Coefficients (β)
Workplace Incivility → Occupational Burnout	0.158
Workplace Ostracism → Occupational Burnout	0.133
Emotional Abuse → Workplace Ostracism → Occupational Burnout	0.209
Emotional Abuse → Workplace Incivility → Occupational Burnout	-0.180

Coefficient of Determination (R^2)

Falk and Miller (1992), assert that R2 values need to be larger than or equal to 0.10 to support the characterisation of a specific internal structure. Every result in this study exceeds the Falk and Miller threshold, as shown in Table 8, suggesting that independent constructs may account for more than 70% of our dependent variables.

Table-8: R-Square and Adjusted R-Square

Constructs	R-square	R-square Adjusted	Q^2
Occupational Burnout	0.733	0.727	0.663

Coefficient of Effect Size (F^2)

In Cohen (1988), multiple regression models can calculate the effect size if both the independent and dependent variables are continuous. The bearing sizes of the small, medium, and large bearings are $f^2 = 0.02$, $f^2 = 0.15$, and $f^2 = 0.35$, respectively.

Table-9: F^2-Value

CONSTRUCTS	Occupational Burnout
Emotional Abuse	0.699
Workplace Incivility	0.032
Workplace Ostracism	0.024

Confidence Interval (CI)

A confidence interval is the mean of your estimate plus and minus the variation in that estimate. This is the range of values you expect your estimate to fall between if you redo your test, within a certain level of confidence. Confidence, in statistics, is another way to describe probability. The value of CI does not lie at zero. That means that all the P-values are correctly significant.

Table-10: Confidence Interval (CI)

Confidence Intervals	O	M	2.50%	97.50%
Emotional Abuse → Workplace Ostracism → Occupational Burnout	0.209	0.209	0.123	0.308
Emotional Abuse → Workplace Incivility → Occupational Burnout	0.19	0.189	0.113	0.277

Variance Inflation Factor

In statistics, the variance inflation factor (VIF) is the ratio (quotient) of the variance of a parameter estimate when fitting a full model that includes other parameters to the variance of the parameter estimate if the model fits only the parameter on its own.

Table-11: Variance Inflation Factor (VIF)

ITEMS	VIF
EA1	2.71
EA2	4.15
EA3	3.84
WO1	4.78
WO2	3.18
WO3	3.29
WO4	4.95
WO5	5.00
OB1	5.43
OB2	3.58
OB3	3.03
OB4	3.09
OB5	3.44
OB6	2.98
OB7	3.01
WI1	2.92
WI2	2.35
WI3	1.76
WI4	1.67
WI5	1.44
WI6	2.71

*Note. Variance Inflation Factor (VIF) values were within acceptable limits (i.e., below 5.0), suggesting that multicollinearity does not pose a threat to the validity of the structural model results.

POST Hoc Common Method Bias Test

Test Type	Criterion for Concern	Result from the Study	Interpretation
Harman's Single-Factor Test	Single factor explains > 50% variance	First factor explained 31.27%	No single-factor dominance; CMB not a major issue
Full Collinearity VIF	VIF > 3.3 indicates possible CMB/collinearity	All construct-level VIF < 3.3	Acceptable collinearity; CMB not detected

Test by Harman: Principal Component Analysis indicated that the variance was distributed across many factors, with the first factor explaining only 31.27% of the variance, significantly below the 50% cutoff.

Full Collinearity VIF: The VIF values were high at the raw item level, but at the construct level, they were below the critical value of 3.3, confirming that there was no serious collinearity or method bias.

The two tests show that common method bias is not a real issue in this dataset, making the SEM-PLS results more valid.

Hypothesis Testing

A meaningful summary of all hypotheses depends on the table's value. P-values indicate whether there is a significant correlation between the constructs and can be used to determine whether all hypotheses are accepted. The results of the study are inconclusive statistically. Each direct effect is significant at the 5% level. In addition, these mediation analyses demonstrate that not all combinations of dependent and independent variables are significant.

Table-12: Summary of Hypotheses and Results

Hyp.	Hypothesis	β	M	STDEV	P-values	T-values	Results
H1	Workplace Ostracism → Occupational Burnout	0.133	0.128	0.064	0.038	2.077	Significant
H2	Workplace Incivility → Occupational Burnout	0.158	0.161	0.072	0.028	2.202	Significant
H3	Emotional Abuse →Workplace Ostracism →Occupational Burnout	0.209	0.200	0.078	0.008	2.662	Significant
H4	Emotional Abuse →Workplace Incivility →Occupational Burnout	0.180	-0.158	0.085	0.034	2.125	Significant

Hypothesis Test Discussion

As per Table 12, hypothesis H1 reflects the relationship between workplace ostracism and Occupational Burnout with the t-value being 2.077 (i.e., $t \geq 1.96$) and p-value being 0.038 (i.e., $p \leq 0.05$). As a result, hypothesis H1 is accepted. Furthermore, when hypothesis H2 was tested, the study discovered a significant relationship between Workplace Incivility and Occupational Burnout because t-value is 2.202 (i.e., $t \geq 1.96$) and p-value is 0.028 (i.e., $p \leq 0.05$). As a result, hypothesis H2 is accepted. According to Table 10, Hypothesis H3 discovered that Emotional Abuse moderates the association between Workplace Ostracism and Occupational Burnout, with a t-value of 2.662 (i.e., $t \geq 1.96$) and a p-value of 0.008 (i.e., $p \leq 0.05$). As a result, Hypothesis H3 is accepted. Finally, this study investigated the moderating effect of Emotional Abuse between Workplace Incivility and Occupational Burnout, Hypothesis H4, as shown in Table 10, where the t-value is 2.125 (i.e., $t \geq 1.96$) and the p-value is 0.034 (i.e., $p \leq 0.05$). As a result, hypothesis H4 is accepted.

Conclusion

One of the "cold" forms of violence in the workplace is workplace ostracism, which exhibits relatively subtle manifestations. Additionally, it will negatively affect the employer-employee relationship in addition to affecting employees' psychological well-being and interpersonal communication. As a result of this study, workplace ostracism has adverse effects on employee behaviour, which, in turn, leads to employee burnout in the Pakistani healthcare industry. Workplace Ostracism has a negative psychological causal effect manifested as emotional exhaustion, depression, and tension at work. This study makes a valuable contribution to the existing literature by shedding light on the distinct mechanisms underlying the effects of the two types of workplace stressors on various work attitudes via burnout. Our study findings also indicate that chronic workload stressors may have a greater impact on nurse burnout than acute, sporadic episodes of workload incivility (Woo & Kim, 2020). By overlooking, ostracizing, or avoiding employees by coworkers or supervisors, employees may be less likely to demonstrate positive behaviour such as organizational commitment, work engagement, employee performance, and citizenship behavior, and increased destructive workplace behaviors such as deviant behavior and dissatisfaction. This study has also demonstrated that emotional abuse plays a decisive role in encouraging the negative behavior of employees and strengthening the uncivil behavior at the workplace that ultimately leads towards occupational burnout. Nursing professionals are exposed to the risk of workplace violence, and its impact is under-reported (Alfaraidy, 2020). The negative treatment of employees by management contribute to the unethical actions of the company (Strandmark et al., 2019). Nurses employed in intensive care units (ICUs) always reported higher levels of burnout than nurses working in other units. Healthcare industry employees who suffer from long-term and severe burnout affect their quality of care, their physical and mental health, and their well-being, ultimately resulting in poorer quality care, an increase in turnover rates, and an increase in the shortage of highly skilled employees.

Managerial Implications

The study's findings will benefit healthcare industry employees to maintain the high performance. Managers should pay more attention to reducing workplace ostracism to foster a positive work environment. Human resource managers should assist employees who are experiencing negative effects at work to reduce negative workplace outcomes. Providing counselling services to individuals in order to help them cope with burnout. Employees of the healthcare industry will benefit from the results of this study since they will be able to maintain high levels of performance within their organizations. For a friendly working environment to be created, it must be conducive to preventing workplace ostracism, encouraging collaboration and knowledge sharing, avoiding excessive competition, and establishing convenient communication channels within the organization (Cheng et al., 2019).

Limitations and Future Research Directions

It is clear from the published research that it has some important implications, but there are also some limitations that reflect more gaps that need to be filled. The sample size, which was rather small, is another significant drawback to consider. It would be beneficial to reproduce this study with a larger sample and compare the results to those found in this study to ensure reliability. Furthermore, other methods of collecting data from participants, such as interviewing them, can also be used to improve the precision and robustness of the study. The current study may be recreated in the future by applying more objective criteria to theoretical constructs in order to provide more clear objective criteria. Workplace ostracism and incivility at the workplace are all topics that should also be explored in other sectors, such as the Education sector. It may be possible to reconstruct and expand the study in other industries and countries based on the results of future research. There are also a variety of industries, organizations, and cultures in which this study can be applied to validate.

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