In settings where professional relationships devolve into ostracism and favoritism, it may be more accurate to describe relationships among employees such as mobbing, social ostracism, and favoritism among others. These negative work relationships bring psychological, social, and economic ramifications (Vveinhardt & Kuklytė, 2017). While discrimination based on race, ethnicity, gender, religion, sexual orientation, and social class are more overt forms of discrimination, other subtler and perverse ways are, at the same time, more difficult to prove. At times, there is lack of distinction between discrimination and other types of destructive relationships among employees such as mobbing, social ostracism, and favoritism. It may be more accurate to state that the feelings resulting from these experiences may be the same for the person on the receiving end. In settings where professional relationships devolve into cliques and distribution of opportunities are determined and marred by favoritism, individuals who do not fit into those cliques may fall prey to the marginalization of the forms described here.

Social ostracism is described as rejection, being ignored/snubbed. It can intentionally keep “individuals in the dark,” or socially exclude them from group activities and jeopardize one’s primary psychological needs such as the sense of belonging and self-esteem (Wesselmann, Ren, & Williams, 2015). ostracism has both mental and practical impacts on those affected; it can endanger a person’s welfare, and in extreme form, can incapacitate the employee’s ability to be productive on the job, thereby leading to loss of resources (Mlika, Khelil, & Salem, 2017). Other potential consequences that should be contemplated are the risks for ultimate adverse behavioral outcomes such as extremism or terror and retaliation in the form of mass shooting at the workplace. In light of recurrent mass shootings in various settings, Americans are on edge, and many institutions are taking measures to prepare their employees for such attack. In their article, Wesselmann and colleagues (2015) point out that real or perceived social ostracism has been identified as the instigator of extreme behaviors in some people. Also, Vveinhardt and Kuklytė (2017) acknowledge mobbing as another form of destructive work relationship in which a person experiences sustained hostilities from one or more co-workers and struggles to protect oneself from them.

The destructive work relationships described here are not unique to institutions with less diversity in the normative form, but can occur in any setting where any racial, ethnic, or social group prevails. For instance, a Caucasian male nurse new to a unit with predominantly Filipino nursing staff may be prone to experiencing tension, may not feel well-received, or lack support from his colleagues. Personality differences may exacerbate the situation. Such units or institutions are colloquially referred to as “mafias.” A person of the same race or ethnicity may also experience a form of alienation or change in attitude from colleagues even by simple measures such as being passed over for promotions, are disciplined unfairly, or are not recognized for their accomplishments. This presents a worrisome perception, especially to other minorities in the institution. These practices cause a ripple effect on minorities and potentiate feelings of apprehension, anxiety, and mistrust in the workplace. Affected individuals feel unsupported. Consequently, their creativity and individual contributions are hindered. As a result, feelings of diminished job satisfaction and frustration may lead to resignation, which constitutes a loss of talent and resources for the institution.

Furthermore, discrimination and negative work relationships perpetuate social injustices and create a negative atmosphere in the workplace. As demonstrated in the January/February 2018 Nursing Economic$ Editorial “A Time to Make America Great: Address Discrimination and Life Expectancy” (Nickitas, 2018) addresses the issue of discrimination and life expectancy in America and attempts made through the Affordable Care Act to improve health and health outcome disparities. This topic is increasingly pertinent especially as our nation is withdrawing from international commitments and xenophobic sentiments are on the rise. While discrimination evidently exists within the healthcare delivery system in provider-patient relationships, it exists among healthcare workers as well. Discrimination in its various forms can be detrimental to workplace relationships or culture and can have devastating impacts on workers’ well-being.

In their review of the scientific literature, Vveinhardt and Kuklytė (2017) recognize several forms of negative work relationships including discrimination, social ostracism, mobbing, and favoritism among others. These negative work relationships bring psychological, social, and economic ramifications (Vveinhardt & Kuklytė, 2017). While discrimination based on race, ethnicity, gender, religion, sexual orientation, and social class are more overt forms of discrimination, other subtler and perverse ways are, at the same time, more difficult to prove.

With America growing increasingly diverse, such changes are reflected in its workplaces; however, institutional practices and culture may not be accommodating or welcoming of such diversity. Unfair cultural practices perceived as subtle by their perpetrators most times are noticeable by whom they are fashioned. Examples might be when minority nurses are passed over for promotions, are disciplined unfairly, or are not recognized for their accomplishments. Such practices present a worrisome perception, especially to other minorities in the institution. These practices cause a ripple effect on minorities and potentiate feelings of apprehension, anxiety, and mistrust in the workplace. Affected individuals feel unsupported. Consequently, their creativity and individual contributions are hindered. As a result, feelings of diminished job satisfaction and frustration may lead to resignation, which constitutes a loss of talent and resources for the institution.
strated, they may have dangerous implications. According to the U.S. Bureau of Labor Statistics (2017), workplace homicides and suicides are on the rise with 500 cases of homicides (highest since 2010) and 291 suicides (highest since 1992) occurring in 2016.

Individuals who experience ostracism can bounce back by utilizing motivational and adaptive coping strategies including reflection, enriching lacked essential psychological needs, and relying on a nurturing support system (Wesselmann et al., 2015). In Guide to the Code of Ethics for Nurses with Interpretive Statements, Fowler (2017) emphasizes that a moral and ethical work environment, as well as a supportive culture, must be purposefully and collectively created by nurses. Fowler describes this milieu as “community of moral discourse” (p. 107), which promotes critical reflection and open dialogue that can effectively result in team cohesion and mitigation of moral distress or reprieve from it. Indeed, such community or culture is conducive to fostering positive work relationships.

Finally, nurses and other healthcare workers must first identify their personal biases to be stewards of social justice and, ultimately, health equity. In doing so, they can recognize the pervasiveness of discriminatory practices common in work settings. They must be mindful of their interpersonal relations with co-workers and patients. They must afford particular respect and tolerance to everyone including those from divergent backgrounds. Such mindset brings us closer to reducing health disparities. Confronting and rooting out discriminatory practices require collective efforts. Discrimination, social ostracism, mobbing, and other forms of destructive relationships among co-workers may deplete personal resources due to psychological distress, subsequently leading to reduced work productivity. Cultivation of diverse and vibrant employee resources demands a commitment to fair methods of conflict resolution, a culture of inclusiveness and fairmindedness, and unambiguity in institutional policies. In such a positive workplace atmosphere, nurses and other employees are better poised to pursue health equity in their healthcare practices. Moreover, such work is likely to impact life expectancy positively, both directly and indirectly.

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REFERENCES