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Enemies of Ethics Equals Environmental Exodus, Part 2

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Bullying and mobbing in the workplace have accelerated at alarming rates around the world in the past decade. Health care workers, nurses, managers, physicians, and owners of organizations, sometimes choose unethical methodology as a means to obtain personal and/or organizational goals. The consequences of these unethical decisions have a profound impact on the victim, by-standers, the organization, as well as the nursing profession. As a result, victims (nurses) often suffer from physiological and psychological distress, posttraumatic stress disorder, suicide, and erosion of professional confidence; patient's quality of care is undermined; nurses exit the profession; and organizations suffer from decreased morale, decline in productivity, financial loss, and a tarnished reputation.

The American Nurses Association (ANA) is calling 2015 the *Year of Ethics*. Because of continuous evolutions in health care and the current ethical challenges nurses face, the Code of Ethics for Nurses with Interpretive Statements has undergone its first revision since 2001. Thus, it seems fitting to elaborate on an unethical phenomenon in nursing that has escalated dramatically in the past decade. The purpose of this article is to provide awareness of hostile behaviors in the medical environment, while offering potential solutions for transformation to a healthy workplace.

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Enemies of Ethics Equals Environmental Exodus, Part 1 reviewed nursing frameworks by theorists Jean Watson and Betty Neuman in relation to ethical implications of nurses participating in workplace bullying and mobbing. The orchestration of mobbing was detailed illustrating the *enemies of ethics*, referencing nurses who choose unethical decisions, *equals environmental exodus*, the dismissal of nurses from an organization as a result. Descriptions of bullies, targets, and bystanders were given. Part 2 depicts the consequences of lateral violence (LV) on the victim and the organization, plus the effect on the quality of patient care. Leadership, management styles, legalities, as well as strategies for successful cultural changes are addressed. The terms *bullying*, *LV*, *horizontal violence* (HV), *incivility*, *rational aggression*, *emotional abuse*, and *mobbing* have closely related concepts representing hostile behaviors and may be used interchangeably in this piece.

VICTIM

Workplace mobbing is an extreme form of workplace bullying that devastates the lives of targets (Westhues, 2015). Horizontal violence is prevalent in the nursing profession, and the experience of this behavior for victims is psychologically and physiologically distressing, threatening patient safety, nurse morale, and retention plus having a negative impact on organizations (Walfaren, Brewer, & Mulvenon, 2012). Emotional pain correlates with LV. Duffy and Sperry (2014) suggest that the target may question their own judgment about whom they trust and realize that sharing minimal information about their personal life at work may be a dangerous practice and not in their best interest. Colleagues may observe the target as being cast out and neutralized, therefore deciding to keep their distance secondary to possible repercussions by management. Friends, thought to be trustworthy allies, transform to *enemies of ethics* when choosing the path of least resistance by either siding with the perpetrators as a mobbing participant or doing nothing at all. The lack of ethical reasoning exhibited by coworkers may be chosen out of fear for losing their job. The betrayal of coworkers, who were once friends, succeeds in isolating the victim during the period of mobbing and indefinitely afterward (Duffy & Sperry, 2014). On average, 52% of the target's workday

is spent avoiding the bully (Himmer, 2014). Concomitant to alterations in relationships at work, the victim's family and friends become frustrated, secondary to the target's obsession of contemplating a strategy to correct the dysfunctional work environment when off the clock.

Zanolli (2002) an educator, cultural anthropologist, and mediator, has written extensively and lectured internationally focusing on conflict resolution, mediation, and training in the workplace. Zanolli once asked a mobbing victim how she felt each day at work. The reply follows:

> Every day was like going into battle. I never knew when the next bomb would be dropped. I was afraid to trust anyone for fear they were the enemy. My physical and mental reserves were depleted. I knew I had to have relief soon. But there was no letup. (Zanolli, 2002)

Characteristics of critical attributes for psychological distress include the perception of loss of control over a stressor, in addition to the inability to cope effectively, due to change in emotional status and ineffective communication. The word *stress* was originally an engineering term referencing how much pressure or weight could be placed on the steel beams of a building structure without it collapsing (Meyer, 2012). This analogy correlates to the amount of stress the human mind and body may endure before symptoms of physical or mental illness prevail.

A target's perception of managing a situation is related to having a personal or professional resource to confide. If a resource is available, the situation is thought to be manageable, but if no effective coping resources are accessible, then the target's comfort and emotional status changes, resulting in psychological distress. Sanner-Stiehr and Ward-Smith (2013) report that lack of administrative support results in long-lasting psychological harm, increased absenteeism, job attrition, and possibly exodus from the profession. The appearance of social withdrawal may, in fact, be socially forced isolation by the bullies as a result of exclusion or a passive effort by the victim to avoid socializing with manipulative coworkers.

The impact of bullying and mobbing on an individual may be influenced by the severity, frequency and duration of occurrences, the resilience of an individual, and prior exposure to similar situations. A nurse familiar with psychological abuse may better understand and foresee the variables at play in a mobbing situation. Research indicates that the psychological trauma as a result of mobbing is comparable to the effects of domestic violence. Workplace bullying, mobbing, and harassment can inflict serious harm upon targeted employees, including feelings of shame and humiliation, severe anxiety, depression, suicidal tendencies, impaired immune systems, hypertension, and increased risk of cardiovascular disease and symptoms consistent with posttraumatic stress disorder (PTSD) (Yamada, 2013).

The body undergoes physiological reactions triggering surges of energy when danger is sensed or stress arises. The defense mechanism sends an alarm to the adrenal gland, hormones release, heart rate increases, and blood pressure elevates. The threat of stress activates a complex chain of events to prepare the body for "fight or flight"—either to attack the threat or run from it (Meyer, 2012). The fight response in a hostile environment presents as continuously defending oneself against false accusations, complaining to management, and attempting to create a strategy for change. The flight response includes keeping a low profile, sick leave, and searching for new career opportunities. The freeze reaction is apparent when a situation seems hopeless. The human body is equipped to handle crisis, although if it thrives in a perpetual state of emergency, as with the freeze reaction, the organs exhaust and typical stress can no longer be tolerated. The human mind and body then weaken. Trauma occurs with the loss of sense of having a safe haven to deal with troubling emotions. The bodily response to traumatic reaction can take years to disentangle when danger is prolonged (Weldon, 2004). In 1980, the American Psychiatric Association termed the anxiety disorder, which stems from a specific incident evoking significant stress, PTSD (Bentley, 2005). Proverbs 14:30 (Amplified Bible) summarizes a description of this scenario by stating, "A calm and undisturbed mind and heart are the life and health of the body, but envy, jealousy, and wrath are like rottenness of the bones."

A recent meta-analysis of prospective cohort studies examining determinants of cardiovascular disease suggests that there is an average excess risk of 50% in employees, who are exposed to an adverse psychosocial work environment (high job strain) (Nyberg et al., 2008). Thirty-one hundred men were studied over a 10-year period in typical work settings. Findings demonstrated that employees who had incompetent, inconsiderate, secretive, and uncommunicative managers were 50% more likely to suffer a heart attack or other life-threatening cardiac conditions.

Serial workplace bullies do not stop once a target has been fired or forced to leave or commits suicide (Hout, 2015). Contrary to thoughts of the problem being resolved, once the target is silenced by termination, a new target is often selected within days or weeks (Duffy & Sperry, 2014). The cycle of abuse continues. Hout (2015) explains that all warfare is based on deception and never will those who wage war (bullies and perpetrators) tire of deception.

Namie (2011) reports that more than 25% of bullied targets were not able to replace their lost job. Namie (2011) also adds that since the most veteran competent workers are targeted, it is safe to assume they once loved their jobs very much; they simply wanted to be left alone to work. Regardless if an employee was terminated or quit,

bullying displaced the victim involuntarily. This is the tragedy of workplace mobbing. Although this type of incivility is recognized as detrimental to occupational health, there is minimal political or corporate interest in stopping it.

The consequences of mobbing intensify following the environmental exodus. Not only does an individual undergo loss of employment and depletion of finances, but health insurance for the individual is suddenly discontinued. Savings and retirement are sacrificed. The employer chooses if the victim is worthy of unemployment benefits. If granted, the target must complete the necessary applications and attend mandatory meetings, reviewing various resources for further education and career opportunities. Prospective employers, who are not familiar with dysfunctional work environments such a mobbing, are often confused. It is in the best interest of the individual to avoid elaborating the truth of the situation because the fictitious nature of the scenario may reduce credibility. The short- and long-term physical and psychological effects on a target are dependent upon their support system coupled with their coping skills.

Recognition of bullying cannot be understated in the medical profession. Nurses, who are trustworthy, ethical, and caring, may not recognize bullying behaviors. Nurses tend to absorb negative impacts while striving to be a strong resource for patients. A nurse must be aware of the effect of the hostile environment on personal health and remain alert to signs and symptoms such as anxiety, loss of sleep, and eating disorders (Murray, 2009). Victims should seek physical assessment by a physician and psychological support by professionals who are familiar with LV. Posttraumatic stress disorder and suicidal tendencies are real diagnoses associated with this type of aggressive behavior. Early appropriate intervention will not only prevent or minimize the psychological distress for a victim, but it may prevent the target from leaving the employer or the profession (Sanner-Stiehr & Ward-Smith, 2013). If bullying and mobbing are accepted within an organization or if management is involved, Zanolli (2002) recommends to leave the workplace sooner rather than later by accepting temporary sacrifices rather than enduring ongoing humiliation that could lead to serious health effects later.

Among the abundance of negative outcomes related to mobbing, there are victims who proceed with subsequent positive outcomes. Emotional intelligence, the skill in perceiving, understanding, and managing emotions and feelings, adequate coping skills, and appropriate support decrease the harmful response to LV. In an attempt to avoid interacting with the perpetrators, targets may choose to ignore the abusive conduct by focusing their energies on the quality of patient care, personal attributes, continuing education, combined with networking with respectable ethical medical professionals outside of their work environment. Personal growth is a result of LV. It is the victims' choice whether to utilize their mobbing experience and knowledge to move forward in a career, or resign to giving up and abandon the nursing profession. Realization and identification of a mobbing scenario, including intuition, prepares a nurse for their environmental exodus. Ethically motivated nurses who persevere mobbing with minimal effect likely exhibit moral courage.

Robert Grant (personal communication, August 25, 2014) presented as a guest speaker at a meeting. His inspirational message explained everything that happens to you in life can either be the best thing or it can be the worst; it is all about perception. In addition, he stated that life happens to us every day and we can decide what we will do with it, as we are the masters of our own fate and the captains of our own souls.

CONVALESCENCE

The Nurse as a Wounded Healer (NWH) theoretical framework is used as a guide to aid victims who have endured LV (Sanner-Stiehr & Ward-Smith, 2013). The NWH is a holistic theory. For the nurse to once again provide quality optimal patient care, the nurse's health requires restoration. The NWH process is founded on the premise of reflection, transformation, and transcendence. Through this process, the troublesome memory fades, and the feeling of the harmful worldview the past trauma created transforms and transcends to a positive outlook on life.

QUALITY OF PATIENT CARE

Health care organizations harboring unethical employees lose focus on the importance of high-quality patient care. Evidence-based research illustrates the correlation between corrupt organizations and the deliverance of quality care. The *Online Journal of Issues in Nursing* (2010) reports that disruptive behaviors threaten the patient's well-being due to a breakdown in communication and collaboration. The impact of disruptive behaviors threatens not only patient safety but also the well-being of health care workers and their ability to perform competently in their job (O'Connor, 2007). The extent of hostile work environments in health care settings has been reported to be as high as 72% among nurses in critical care areas (Stanley, Martin, Michael, Welton, & Nemeth, 2007).

Excellence in patient care flourishes in an environment built on open communication and respectful professional relationships, whereas an environment that condones bullying perpetrates destruction of professional communication (Gaffney, DeMarco, Hofmeyer, Vessy, & Budin, 2012). Behaviors impacting patient care were specifically identified as being afraid to ask for help, ask a question for fear of being ridiculed, having requests for help ignored, and general lack of teamwork and communication (Walfaren et al., 2012). Russell (2012) states if nurses are

afraid or intimidated by others, the patients suffer this effect. In agreement, the ANA (2011) discloses that 40% of clinicians "kept quiet" or "ignored" an improper medication due to an intimidating colleague.

GROUP COHESION

Group cohesion has become increasingly recognized in the literature as important to nurse satisfaction, retention, and quality of patient outcomes (Barrett, Korber, Padula, & Platek, 2009). The outcome of nursing team goals is directly related to the ability of the members to collaborate effectively, share responsibility, and feel as if each participates and belongs to the group. Skilled communication is a keystone to success in group unity. Disruptive behaviors include overt and covert actions displayed by any health care worker and threaten the performance of the health care team (The Joint Commission, 2008). Barret et al. (2009) conclude that when a chaotic work environment is allowed, patient care and nurse cohesion suffer. Group cohesion is dismantled by bullying and mobbing.

Striving to rebuild trust among employees, by committing to a healthy work environment involving all staff and competent leaders, lays the foundation for a healthy workplace culture. Corbett (2008) writes, "…broken trust can actually become a significant beginning … an opportunity to get your own act together, to improve your character and competence, to behave in ways that inspire trust" (p. 9). Cultivating a critically thinking, articulate, honest, and engaged group of nurse leaders is key to an organization looking at group cohesion and LV (Barrett et al., 2009). "You build trust with others each time you choose integrity over image, truth over convenience, or honor over personal gain," Maxwell (2015) writes.

LEADERSHIP/MANAGEMENT STYLES

Leadership and management are terms often used interchangeably. The difference between the two is that management skills may be learned whereas leadership abilities can be taught but is also a reflection of personal experiences. Transformational leadership is based on an inspirational framework involving communication, connecting with employees, encouragement, innovative thinking, and consideration of personal qualities and abilities. This type of leadership results in both leaders and followers having a higher level of motivation and a greater sense of purpose (Weston, 2008).

Ethical leadership is not coercive or manipulative of others; the leader informs others of the goal to be attained so solutions can be cocreated in the best manner to serve clinical and organizational needs (Bleich, 2011). Exploited leadership is described when coercive relationships form and their consensus decides to withhold information and goals. Folse (2011) suggests that LV may be a response to the practice environment, in which ineffective leadership exacerbates the problem. Lateral violence can be embedded within informal organizational networks. Management that is unpredictable or unfair is the strongest predictor of bullying, while passive or laissez-faire leadership styles of management, described by our respondents (99 nurses in a qualitative study), as "doing nothing," is potentially destructive in itself (Gaffney et al., 2012). Lateral violence is likely to exist in settings characterized by poor leadership and lack of clearly articulated roles, expectations, and processes that guide behavior (Barrett et al., 2009). Bullying behaviors also exist because of "white wall of silence" that often protects the bully (Murray, 2009). Managers and leaders of organizations sometimes choose to support these unethical behaviors by protecting the perpetrators instead of the victims. Hutchinson (2009) highlighted that bullying is not always identified for what it is because of its association with the entire organization. Organizational characteristics influence the likelihood of bullying, as well as, if this behavior is tolerated. The Workplace Bullying Institute (WBI) United States survey completed in 2014 reports: 72% of the American public is aware of workplace bullying; bosses are the majority of bullies; and 72% of employers deny, discount, encourage, rationalize, or defend it (Namie, 2014). Ethical skills may be innate to a certain degree but cannot be developed in a moral vacuum but must be cultivated and maintained in a supportive (healthy) environment (Rushton & Penticuff, 2007). The ANA (2014) Professional Role Competence Position Statement affirms that the employer is responsible and accountable to provide an environment conducive to competent practice.

Poor leadership and management styles include: impatient, defensive, unsupportive leadership; lack of supervision, guidance, control; and avoidance of recognition of contributions and have also been identified as major stressors (Tomey, 2009). Commonalities noted in hostile work environments include tense physician–nurse relationships, chaotic work environments deficient in structure and consistency, communication style differences, lack of support and recognition from administration, and conflicts between experienced and novice nurses. If a leader is filled with stress, conflict, anxiety, and negative emotions, it spreads like a virus (Goleman, 2012). In reference to leadership, Maxwell (2015) quotes, "There are 2 paths people can take. They can either play now and pay later, or pay now and play later. Regardless of the choice, one thing is certain, life will demand payment."

Samuel G. Hayward, an Employment Law and Discrimination Attorney with 40 years of experience (personal communication, 2/2/15), provides the following overview of leadership styles in conclusion of all cases for which he has represented the employee:

I have found that in most cases the harasser falls into one of two categories: one, has been a bully all of his/her life or two, has always been totally jealous of those around him/her and is extremely insecure. For the bully, it is a continuation of their existence. They are going to jam things down your throat because of their power, success, but most of all arrogance. When I speak of success, I am talking about dollars and cents and self-perceived power. These types of people are afflicted with a disease. In my personal and professional opinion, they stand very little if any chance, to shake themselves free. However, unlike in category number two, they occasionally do change.

In category number one, you always know that the person is going to be a jerk. In a lot of cases they will state: "I know you think I am an arrogant person, but we have a job to do and we are going to get it done." They are constantly reminding you about the bottom line and how it is their job to squeeze, as much as they can out of everyone, to increase the margin of profit. They totally enjoy seeing others suffer.

For those in category number two, it is an entirely different situation. These individuals are basically a perfect illustration of Dr. Jekyll and Mr. Hyde. One minute they are the nicest sweetest individual that you have ever met, and then all of a sudden, they become your worst enemy. The reason for this, I have found, is because of the fact that they are totally and completely insecure. They do not know how to act because of their paranoia. These are the people, in my opinion, who are really, really sick. If they fail, their life is destroyed. These are also the individuals that I call "The Blamer." I say this because of the fact that it is "your fault, never their fault," when something goes badly. However, they're the ones who jump forward immediately to claim responsibility when things are good. These people are mostly control freaks.

Of the two individuals I have described, I've found the one that runs true to form is the bully. In very rare occasions, can the bully change his/her *spots*. Those that I put in category number two have no prayer of ever-changing. When the change is needed, they usually have serious mental problems and, as such in my professional opinion, these are the people that are most dangerous. If you are ever around category number two, make sure you take their comments seriously if it involves the potential of violence. I believe with all my heart and soul, these people are capable of attempting mass destruction as a means of getting back at the world when things go badly. (Usually these people come unglued during a deposition because of the fact that the person taking the deposition is in control and they are not).

A 2014 U.S. Workplace Bullying Survey titled "Portrayal of Rank and Bullying" found that when perpetrators enjoy a higher organizational rank than targets, opportunities to abuse authority present themselves (WBI, 2014). For that reason, the likelihood of the victim confronting the boss concerning unacceptable organizational conduct given the obstacle of passage through the "power gradient" is unlikely to occur. Incivility is associated with power struggles from conflicts of values related to leadership styles, work expectations, and organizational conditions (Tomey, 2009).

Nursing leaders who are visible, accessible, and committed to effective communication are perceived as having an outstanding management style. Positive professional practice environments and high-core self-evaluation predict nurses' constructive conflict management and greater unit effectiveness (Siu, Spence, & Finegan, 2008).

Transformational leadership provides a framework for developing and sustaining a supportive and growth-producing culture. Nursing leadership should advocate for staff by addressing the mental, physical, social, and economic welfare of employees when developing a healthy work environment. There is a link between the health of the workplace and the well-being of the personnel (Tomey, 2009). Nurse managers who create a healthy work environment promote group cohesion, teamwork, and constructive conflict resolution (Barret et al., 2009).

ORGANIZATION'S LIFE CYCLE

Organizational dynamics include the environment as a whole with subsystems of strategy, culture, structure, leaders, and workers. Strategy encompasses the overall plan to achieve the organization's goals. To implement strategies, Tye (2012) stipulates that an organization must have a healthy culture. Culture is the organization's personality and character consisting of beliefs and customs. Structure refers to the policies and procedures including reward and penalty systems. Leadership is the way of focusing, inspiring, and coordinating personnel with the goal of implementing its strategy. The employees work to accomplish the organization's mission.

Tye (2012) stipulates that to implement strategies, an organization must have a healthy culture, and thus culture usually trumps strategy. Reasons why health care leaders should complement their strategic plan with a strong, positive culture include the following: People are loyal to culture, not strategies; culture provides resilience in tough times; culture creates competitive differentiation; culture humanizes strategy and strategy can be copied but culture cannot.

The life cycle of organizations is compared with life cycles of people as they grow, developing and declining. People grow beginning with infancy, childhood, preteen

years, followed with rapid growth through teenage years to young adulthood. This time requires additional sleep, exercise, and nutrition. The human growth cycle matures to adulthood, late adulthood, and death. Life cycles of organizations are well known to business owners.

Gupta (2010) refers to organizational life cycles as entrepreneurial stage, expansion, consolidation, and decline. Entrepreneurial stage exhibits informal cultures, a small organization with highly skilled workers. The expansion phase is leadership focused on sales and revenue as structure shifts to be more hierarchal. Because of growth, leadership responsibilities change with delegation of responsibility and middle management evolves. The consolidation phase focuses on leadership effectiveness, development of a healthy corporate culture, and structure division into teams. Formalization is implemented during the consolidation phase, causing bureaucratic culture, and the leadership challenge is to establish an outstanding communication protocol. During early bureaucratization, an organization attempts to maintain operations, although challenges may be met with inefficiency, demoralization, passive–aggressive activity, and loss of talented personnel. Organizational decline is designated by continuous deterioration in resources and revenue. Duffy and Sperry (2014) report that there are periods in an organization's growth and development in which expansion, transition, and decline relate to increasing external threats creating conditions that accommodate the emergence of mobbing.

ORGANIZATION EFFECTS

Bullying is not simply an interpersonal issue but is an organizational dynamic that impacts all who are exposed—whether primarily or secondarily (Emdad, Alipour, Hagberg, & Jensen, 2013). Organizational bureaucracy, hierarchy, authoritarian leadership, and poor access to information were found to limit empowerment and lead to dissatisfaction, burnout, and absenteeism (Tomey, 2009). Yamada (2013) found that abusive work environments can have serious consequences for employers, including reduction of employee productivity and morale, higher turnover and absenteeism rates, and increases in medical and workers' compensation claims. Workplace bullies, that is, people who belittle, humiliate, and threaten their coworkers, cost organizations billions of dollars each year (Emdad et al, 2013). While bullying in the health care setting has been internationally recognized and researched, many institutions minimize its impact or deny its existence, creating a culture of silence that impedes solutions to this problem (Gaffney et al., 2012). Whether choosing to ignore or actively participate in repeated abusive conduct, employers incur tangible costs as well as intangible costs. The result is damage to an organization's reputation. An organizations' reputation precedes it. The Center for American Nurses published a position statement, acknowledging that there are direct effects on an organization's and profession's ability to attract and maintain the most desirable employees where HV exists (Walfaren et al., 2012). A rational employer seeks to minimize preventable costs and strives to eliminate abusive conduct within their organization.

HUMAN RESOURCES

The Society for Human Resource Management (2014) reenforces building trust and credibility between employees, customers, and shareholders by displaying honesty and integrity by reaching company goals solely through honorable conduct. The Society for Human Resource Management (2014) recommends that clear and consistent communication from leaders—especially HR—to employees is necessary to create an ethical culture in the workplace. Wise HR professionals are aware of bullying situations. If institutional leaders ignore bullying or are the bullies, Vaillancourt advises, "make sure you have 'I'm outta here' money in the bank, a resume that is up-to-date, and a network of people who will help you find your next job" (Griffith, 2015).

LEGALITIES

Harassment is prohibited by law, while bullying is not. Harassment is associated with a person's protected status based on race, color, religion, sex (including pregnancy), national origin, age (40 years or older), disability, or genetic information. Bullying and mobbing are status blind, consequently legal.

David Yamada, Professor of Law and Director, New Workplace Institute, Suffolk University Law School, drafted the Healthy Workplace Bill (HWB) and antibullying legislation. The purpose of the HWB is to have employers prevent bullying with policies and procedures that apply to all employees. This provides good employers incentives to do the right thing by avoiding litigation.

The HWB specifically defines an "abusive work environment" and protects conscientious employers from vicarious liability risk when internal correction and prevention mechanisms are placed. The bill protects employers by requiring employees to have proof of health harm by licensed health or mental health professionals, gives employers reason to terminate or sanction offenders, requires plaintiffs to use private attorneys, and plugs the gaps in current state and federal civil rights protections (HWB, 2014).

The HWB supports the victim by supplying an avenue for legal redress for health harming cruelty at work, allows victims to sue the bully as an individual, holds the

employer accountable, seeks restoration of lost wages and benefits, and compels employers to prevent and correct future instances. The HWB does not involve state agencies enforcing provisions of the law, incur costs for adopting states, require plaintiffs to be members of protected status groups, and use the term *workplace bullying*.

As of April 29, 2015, there were 31 Legislatures (29 States, 2 Territories) who have introduced the HWB. In 2015 alone, 11 HWBs have been introduced in 10 states. Pennsylvania joins other states, Texas, New York, Massachusetts, and Minnesota, with versions of the WBI antibullying HWB that include employer liability for enabling a health-harming abusive work environment. North Dakota became the 27th state to declare that public sector employers have to address harassment, ostensibly not just the currently illegal variety of discriminatory misdeeds. New York leads the nation with a complete HWB in the assembly. State coordinators represent the HWB. Citizens may contribute to the Healthy Workplace Campaign in the role of a Citizen Lobbyist. Citizens are represented by State Representatives and Senators. Additional information concerning the HWB may be found on the Web site: http://www.healthyworkplacebill.org/

The American Bar Association Section of Labor and Employment Law (2014) recommends the following practical tips for employers:

> Employers are encouraged to have a policy declaring that harassing and threatening behavior toward coworkers is not acceptable. By doing so, employers will create a workplace culture where disruptive and destructive behavior is not ignored or encouraged. At the very least, employers are warned against ignoring bullying allegations or dismissing them as "personality conflicts" between coworkers. Finally, employers must maintain their culture and policies through supervisor training.

TRANSFORMATION

Health care leaders are to acknowledge LV exists to transform a hostile environment to a healthy culture. Organizations may begin evaluating their practices by reviewing the last 2 years of terminations, whether voluntary or not. Corbett (2008) suggests placing each terminated employee in one of the four categories: relocation (spouse or family issues), better opportunity (financial or career building), substandard performance, or lost opportunity (not a good fit, unhappy employee, safe staffing issue, or all others who do not fit the above categories). If the higher trend is in the last two categories, the employer needs to take a hard look at what is happening within the working environment and with management personnel (Corbett, 2008). Persons attracted to health care are devoted to their profession; few graduate with the intention of providing substandard care.

Health care organizations create administrative systems that either facilitate or undermine nurses' ethical skills or moral competency. A morally competent nurse should be aware of the vulnerabilities of coworkers who may be at risk for being bullied. Proactively creating a plan to correct unethical situations will be of value when the time occurs. Asking nurses to compare their personal and workplace values may help promote a higher level of ownership within their organization.

Recognition of bullying and mobbing is critical. Awareness of LV, understanding the topic, and the consequences will help nursing leadership and the organization deal with the situation when it surfaces (Famino, 2011). The goal is for bad behaviors to diminish, while good behaviors flourish.

Ethical leaders are needed to decrease toxic workplaces. Creating cultural intolerance for Toxic Emotional Negativity is the first step in creating a more positive workplace culture (Tye, 2012). The American Association of Critical-Care Nurses (2015) identifies six standards for establishing and sustaining a healthy work environment: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. Lamp (2013) suggests steps in reduction of workplace violence by learning how to recognize, avoid, or diffuse potentially violent situations by attending personal safety training programs, alerting supervisors to concerns about safety, and reporting all incidents immediately in writing. Not providing personnel with the tools, resources, and support to succeed is a sure sign of failure in creating a healthy work environment and in eliminating LV (Corbett, 2008) (Table 1).

Nursing's code of ethics mandates reporting of unethical behaviors in the workplace (Murray, 2009). The necessity of reporting and identifying bullying behavior places the perpetrator(s) in a defensive position, which may result in retaliation, thus escalating the situation (Alspach, 2007). Staff members need assurances that there will be no repercussions if a claim is made (American Society of Plastic Surgery Nurses, 2014). Thus, anonymous reporting is critical to protect employees.

Health care organizations often write a code of conduct to promote ethical and moral standards to reduce the incidence of a dysfunctional work environment. Human resources now endorse antibullying policies including a no-tolerance rule. All employees are to be aware of the policy, including managers, physicians, board members, and owners, evident by their signature. The policy should contain a purpose statement, the definition of bullying, and detailed examples of the behaviors. A description of the safety risks associated with this conduct and the nonnegotiated consequence of dismissal from the organization should be documented. The following are online resources available for developing a code of conduct: www.ama-assn.org/ama/pub/about-ama/

TABLE 1 Healthy Workplace Initiatives	
Zero tolerance for toxic behaviors, bullying	Awareness training for all employees including specific descriptions of bullying behaviors
Treat employees equally, no favoritism	Brainstorming
Ethical human resource management	Effective decision making
Encourage multidisciplinary collaboration	Employee recognition, positive reenforcement, rewards
Open communication	Role modeling professional behaviors
Encourage whistleblowing, not discourage	Good health/safety practices and records
Establish an independent contact (other than human resources) for employees to share confidential information about workplace problems	Offer training and support to learn jobs
Annual mandatory continuing education for management focusing on conflict resolution	Support continuing education, learning opportunities, career development
Annual mandatory continuing education/review of American Nurses Association's guidelines of ethical expectations for all nurses	Create a policy with clear guidelines for social interaction, including social media
Distribution of organizational standards, values, staff manuals	Encourage professional accountability
Involve employees in risk assessment and bullying prevention activities	Appropriate staffing
Share organizational goals	Validate assumptions and third party information before drawing conclusions
Autonomy	Ensure organizational standards and values are known by all and expectations of employees are established
Participation and empowerment strategies	Monthly staff meetings and newsletters for additional means of effective communication
Employer health and well-being programs	Transformational leadership
Open management styles	

our-people/member-groups-sections/organized-medical-staff-section/helpful-resources/disruptive-behavior.shtml, www.strategiesfornursemanagers.com/ce_detail/225618.cfm, and http://www.shrm.org/templatestools/samples/policies/pages/cms_018350.aspx

2015 YEAR OF ETHICS

The primary emphasis of this article is to provide awareness and education for medical professionals, with the focus for nurses, on the subject of bullying and mobbing. Cipriano (2015) states that the public places its faith in nurses to practice ethically; a patient's health, autonomy, and even life or death can be affected by a nurse's decisions and settings. For this reason, most people, including health care workers, do not associate relative terms written in this article with nursing such as enemies, exodus, allies, war, violence, harassment, PTSD, bullying, hostile, disruptive, toxic, destructive, abusive, unethical, defensive, destructive, conflict, anxiety, stress, pain, mobbing, fear, neutralized, and incivility, to name a few. Correlation of these words with the nursing profession is alarming and embarrassing for the majority of ethical motivated individuals within the health care field. Hostile behaviors in the workplace are not acceptable. *Enemies of ethics*, nurses with disregard for principles and moral values, preempts the *environmental exodus* of ethical and morally courageous workers. This exodus is the climax of orchestrated mobbing within an organization. Not only does this conduct have adverse effects on all persons involved, but also the entire nursing profession by inhibiting nurse retention and contributing to the nursing shortage.

The world is ever-changing and continues to rapidly evolve as does the nursing profession. The ANA has designated 2015 as The Year of Ethics. The ANA's (2015) Code of Ethics for Nurses is the standard by which ethical conduct is guided and evaluated by the profession, is the profession's nonnegotiable ethical standard, and is an expression of nursing's own understanding of its commitment to society. For the first time since 2001, revisions have been made to the code. The statements are in response to the contemporary context of nursing and recognize the larger scope of nursing's concern in relation to health. The *Code for Nurses* encompasses all nursing activities and may supersede specific policies of institutions, of employers, or of practices and is not open to negotiation in employment settings. The ANA believes that each nurse has an obligation to uphold and adhere to the code of ethics. This Code of Ethics for Nurses with Interpretive Statements is a reflection of the proud ethical heritage of nursing and a guide for all nurses now and into the future.

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