

From the Editor-in-Chief

A Moral Imperative

New graduate nurses are a precious human resource and every attempt must be made to ensure that their transition to the full professional role is supported through positive work environments that promote their development. (Laschinger et al. 2010: 2733)

Can you recall a moment of feeling intimidated, belittled or marginalized by another? If so, what were the circumstances? How did you feel? Was there any resolution?

Recent stories in the media have brought attention to the serious and even tragic results of bullying among children and youth. Perhaps of less notoriety, yet no less damaging and serious, are reports of adult bullying, particularly within the workplace. Over the last decade, this issue has been discussed, reported and studied in relation to nurses' work settings. While not a new occurrence and most definitely not unique to nursing, reporting and addressing such behaviours – also described as horizontal violence – is an ethical responsibility of all nurses. In this issue, Mallette and colleagues describe the concept of horizontal violence to include such “disrespectful behaviours as intimidation, coercion, bullying, criticism, exclusion or belittling” (p. 44, <http://www.longwoods.com/content/22714>).

Over the last couple of months, I have been disturbed by discussions with several recent nurse graduates. Their stories revealed instances of psychological bullying and the feelings of fearfulness of further recrimination for reporting same. One nurse described feelings of intimidation, humiliation and isolation as a result of senior nurses' mocking comments and refusals to provide advice or assistance with complex clinical situations. Others have described the derision of senior nurses towards those who choose to pursue a master's degree soon after completing their undergraduate program. More troubling is that several new grads indicate that their decision to pursue graduate education is a means of escaping the negativity of their workplace. While much has been written about the bullying of new graduates or newcomers, some of my colleagues have also described the experience of upward bullying of managers by staff nurses. All these situations are equally troubling and are likely manifestations of more serious underlying issues. It scarcely needs to be said that nurse leaders have a moral obligation to attend to such situations.

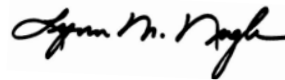
Whether the bullying arises from professional jealousy, cynicism, burnout or a disempowering workplace, there is an important intervening role for nurse leaders. Research by Laschinger and colleagues (2010) has demonstrated the important relationship between empowering workplaces and the incidence of bullying among nurses. Further, these authors have identified a significant relationship between nurse burnout and bullying behaviours. Without question, bullying and burnout are problematic issues that require the artful application of evidence-based interventions.

In this issue, Lefebvre, DeCicco and Ray highlight the important role of leaders in creating healthy workplaces. Citing their application of one of the six RNAO Best Practice Guidelines for Healthy Work Environments – *Developing and Sustaining Nursing Leadership* – in their clinical setting, they adopted elements that are congruent with factors identified with empowering workplaces. Examining the Healthy Environments Best Practice Guidelines further leads to another: *Preventing and Managing Violence in the Workplace* (RNAO 2011). Readers are encouraged to review this guideline for additional insights and interventions to address the types of behaviours previously described.

Mallette and her team at the University Health Network report on an evaluative study of approaches for educating nurses about horizontal violence, including the use of a virtual-world application developed in *Second Life*. It is interesting to note that a majority of their study participants had not received any previous education regarding horizontal violence. While this may be a characteristic specific to their sample, it highlights the need to consider whether this is more common than not. Their findings support the use of this innovative approach as an effective way for individuals to acquire the knowledge and skills needed to foster a workplace culture that is safe and respectful.

Discussion of safe cultures is never complete without addressing the patient side of the equation. Mitchell gives us an insight into using the arts to translate and express ideas that move us beyond our traditional mechanistic approaches to patient safety. Indeed, the approach described in this research may also have relevance for the creation of approaches to understanding the circumstances that compromise respect and safety in the workplace. Scott and colleagues tackle the issue of creating moral communities as these relate to ethical nursing practice. While not specifically focused on issues of bullying, their “ethics in practice” sessions and concept of “creating a safe space” might provide yet another vehicle by which issues of horizontal violence in the workplace could be brought to the fore and discussed openly. MacNeil and MacKinnon describe the importance of the CNS role and its “spheres of influence.” In this regard, clinical nurse specialists might well function as mentors and role models to influence the creation of respectful and supportive communities of practice.

Overall, effectively addressing and reducing the incidence of bullying behaviours in the workplace needs the attention of nurse leaders. In this issue, our contributors offer a range of perspectives and approaches for consideration in order to elevate the profile and discussion of what is essentially a moral imperative for the profession. Let us not underestimate the ultimate importance of being positive investors and patrons of the protégés of nursing's future. Do we not, after all, have a professional obligation to ensure that patients and nurses alike feel respected and safe in every care setting?



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