

## FROM THE EDITOR - Dr Jackie Jones, RN, PhD, with Toni Hoffman, RN, NUM, Intensive/Coronary Care Unit

### 'I HAD TO ACT': IN CONVERSATION WITH A WHISTLEBLOWER

Evidence based practice is a framework for change and currently a driving force for reform in Australian health care contexts. Notably, a health service is made up of individuals who work together, systems of care and clinical encounters involving decision making (Muir-Gray 1997, p.155). Muir-Gray elaborates that key inter-related components of an evidence-based health service are:

1. Organisations designed with the capability to generate and the flexibility to incorporate evidence; and,
2. Individuals and teams who can find, appraise and use research evidence (Muir-Gray 1996, p.155).

Having the best available research evidence alone will not help change practice; it requires an informed determination to confront existing norms and behaviour, and to challenge systems and organisational culture. It also requires consideration of patient values.

When practice is not what it could be, what makes one individual feel the need to advocate for patients more strongly than others? Firtko and Jackson in this issue consider whistleblowing which they define as:

'the reporting of information to an individual, group, or body that is not part of an organisation's usual problem-solving strategy. Whistleblowing is a phenomenon where a party or parties take matters that would normally be held as confidential to an organisation, outside that organisation despite the personal risk, and potentially negative sequelae associated with the act' (Firtko and Jackson 2005, p.52).

When reflecting on whether the ends justify the means, Firtko and Jackson argue that they do, and so would Toni Hoffman, a whistleblowing nurse, when she says: *'if the act of "whistleblowing" has the ability to remove the problem and open up the Pandora's box that it has, the end does justify the means. When we are dealing with patients lives and are acting as patient advocates it will always do so'*.

In the case in point there were many who held similar concerns but who failed to act.

Nurses have been shown in the past to interpret events differently and nurses may hold the belief that they would not be taken seriously should they wish to raise difficult concerns. Ahern and McDonald (2002, p.303) argue that the 'dilemma for nurses is that nursing actions should be based on ethical codes of conduct, not on fear of job loss or reprisals'. They compared the beliefs of those nurses who blew the whistle with those who did not. These authors report that 'participants who reported misconduct

(whistleblowers) supported the belief that nurses were primarily responsible to the patient and should protect a patient from incompetent or unethical people. Participants who did not report misconduct (non-whistleblowers) supported the belief that nurses are obligated to follow a physician's order at all times and that nurses are equally responsible to the patient, the physician and the employer. These Australian researchers suggest there is a difference in the interpretation of the seriousness of events and in individuals whose value system leads them to defer to authority. It could be said then the complex nature of authority and conflicting ideologies within an organisation in turn influences power and the potential for organisation violation.

Speedy (2004, p.146) describes 'behaviours that are unacceptable to management' or 'organisation violations' as those events deeply embedded in complex structures of culture, enactment of authority, and, organisational processes that disturb organisational goals which in turn may disrupt organisational functioning. Those who have power over those whose behaviour is being judged draw on a matter of perspective and can lead to a culture of intimidation (p.147-148). Speedy argues that knowledge about organisation violations can be used to enhance organisational environments and ultimately reform processes. In this way whistleblowing, as a form of resistance against organisational abuses such as bullying, emotional assault and maintaining an infirm status quo can be reconceptualised as contributing to a violation free environment by exposing underlying tensions, culture and power struggles.

Being in a position of power does not preclude the desire for advocacy. Line managers in nursing are often criticised for upholding organisational goals above those of the nurse at the coal face. This particular whistleblower is the nurse unit manager of a small combined intensive/coronary care unit in Central Queensland. Toni explains that she had never thought she would ever become a whistleblower:

*'In 2003, I found myself in a very difficult situation where I believed there was something seriously wrong with the practices of a surgeon. My decision to become a whistleblower was not a "deliberate one". My actions were deliberate, but I had no way of knowing what the outcome would be. My main concern was with the patients and potential patients.'*

It is clear then that deliberations about resisting organisation violations are not just about the here and now but also about the future. She adds that she was

incredibly frustrated that senior management had not taken her concerns seriously:

*'I was frustrated that the situation was well known to many people from within and without the establishment, staff with much more authority than me. The situation could have been dealt with so much more easily and without the need for me to blow the whistle'.*

Ethical resistance demands political scholarship and as Peter et al (2004, p.414) point out, 'to increase nurses' capacity to resist, they could benefit from developing negotiation and political action skills and participating in institutional committees, such as ethics committees. It is, however, most fundamental that they receive institutional support and acknowledgement so that they have the freedom to express their viewpoints, values and experiences without risk of punishment.'

Perhaps it is timely that tertiary institutions look to the nursing union(s) for the lifetime of expertise they have in order to develop and educate both new and existing generations of nurses in the art of organisation and the importance of collective action, in and between professional discourses in the art of political scholarship.

One study in California (Seago and Ash 2002) found that in unionised hospitals they had 5.7% lower mortality rates for patients suffering acute myocardial infarction. In providing a context for nurses to have a voice at work, by building nurse resilience and capacity for resistance, this research found that a nursing union can indirectly improve patient outcomes. Drawing on this evidence it could be argued nursing unions may promote 'stability in staff, autonomy, collaboration with medical doctors, and practice decisions that have been described as having a positive influence on the work environment and on patient outcomes' (p.150).

When Firtko and Jackson ask what the motivation for whistleblowing is, Toni identified patient safety as her motivating factor. She said: *'My main concern was with the patients and potential patients. My main concern was to stop the surgeon and stop him quickly. The patients would then be safe, and the nursing staff would be relieved.'*

Firtko and Jackson in drawing on Speedy (2004), identify that some organisations create cultures of reduced loyalty and can cause employees to feel violated, betrayed, and liable to seek reprisal. This was not the case for Toni who clarifies that she *'agonised for months over what to do, [and] tried all of the other channels'*. Despite the consequences she proceeded and highlights: *'I was very aware that by going to a member of parliament I was breaking my health department's code of conduct. I was aware I could lose my job, I would lose favour within the system amongst the current executive and any future potential employers would view me as a liability. Some people would be hurt and alliances and friendships within my small town would be fractured.'*

There are other considerations regarding the potential impact of whistleblowing, in particular, this nurse thought about the patients, the ones who had lost loved ones many months before and were well into the grieving process. She constantly asked herself, what would this do to them? When it became obvious to Toni and others that nothing was being done fast enough, she emphatically states **'I had to act'**.

Albeit unknown territory for Toni, as a nurse she did not want to involve others so they would be implicated and could also be in danger of losing their jobs. She explains: *'I did ask one person if they wanted to accompany me, but they did not want to. So I went alone to see the Member of Parliament for my area. I was very fearful; I did not know what he was going to do'*.

The consequences of whistleblowing can be, and are, far reaching, for the whistleblower. Nurses are placed in a situation that they are unfamiliar such as *'with lawyers and Queen's Counsels, the media and politicians.'* The experience can challenge the very moral foundations of the individual including *having to earn everyone's trust again*. Some unpleasant things have occurred as a result of speaking out. Toni said *'I have been threatened by telephone and out in the community. I have been vilified on the stand and had to 'cop it'. This situation was far worse than I had ever imagined'*.

The experience was not all negative, however, as Toni goes on: *'The public support has been incredible, I have received hundreds of letters of support, hundreds of calls and emails and I am stopped in the street frequently. The collegial support has been incredible with no negative feedback. A lot of the letters were signed "from an old RN" or "an ex RN". I think these people have been in my situation, some have acted and some haven't, but they know what I went through'*.

The ramifications of whistleblowing for Toni Hoffman have been huge. A Royal Commission was established to investigate her complaints and is in a position to make some fundamental changes to the way health care is carried out in Queensland. The act of 'whistleblowing', in this instance did solve the problem and uncovered a Pandora's Box of systemic problems, which in turn may be addressed with recommendations received by the Royal Commission.

Nevertheless, Queensland, if not the rest of Australian health service providers have an opportunity to reflect on organisational violations, structures that require change and individuals who need the ethical fortitude and collective support to actively stand out and improve practice.

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## REFERENCES

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