An Australian whistleblowing experience in healthcare:

A study of six women from the New South Wales public health system who were labelled by the media as whistleblower nurses.

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Acknowledgements

To my husband Brad

You believed in me when others didn’t.
You accepted my truth as the truth.
You stayed when others turned away.
You kept me going each time I faltered.
Without you, I would not have survived.

To my son Nicholas and my daughter Abbey
Thank you. You were there. You experienced it and still you believed in me.

To the participants of this research
I am humbled by your truths and your honesty. Thank you, I am grateful.

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For giving me strength and believing me to be invincible.

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You will always be my hero.
To Mao Tse Tung

We think too small, like a frog at the bottom of the well who thinks the sky is only as big as the top of the well. If he surfaced, he would have an entirely different view.

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For reminding me of it.
# Table of Contents

Table of Contents .......................................................... iv  
List of Tables ........................................................................ x  
Abstract ................................................................................. xi  
Preface .................................................................................. xiii  

## Chapter 1: The Approach of the Thesis ................................. 16  
   Theoretical Framework ......................................................... 16  
   Statement of the Problem .................................................... 22  
   Assumptions and Limitations ................................................. 23  
   Conclusion ............................................................................ 25  

## Chapter 2: Literature Review .............................................. 27  
   The Australian Nursing Profession ......................................... 33  
   Definition of an Enrolled Nurse ............................................ 35  
   Scope of Professional Practice for Nurses ............................. 35  
   The Obedient (Nurse) Employee ............................................ 38  
   Professional Nursing Practice – the Historical Context ........... 39  
   Nursing Codes of Ethical Practice ......................................... 43  
   Nurses and Ethical Decision-making ...................................... 44  
   Cultural Diversity in Nursing: it’s the Difference that Matters ... 47  
   Codes of Ethical Conduct and Patient Advocacy .................... 49  
   Nurses – Belief Systems and Moral Reasoning ....................... 50  
   Caring – the Nurse’s Mantra .................................................. 57  
   Patient Advocacy .................................................................... 58  
   Organisational Behaviour and its Effect upon Nurses ............... 61  
   Maternalism ........................................................................ 62  
   Definition of Whistleblowing ................................................. 63  
   Characteristics of a Whistleblower ........................................ 64  
   Internal Disclosure ............................................................... 65
External Disclosure ........................................................................................................66
The Role of the Media in Whistleblowing.................................................................67
Malicious Whistleblowing – where there is Smoke there is Fire.......................70
The Australian ‘Do- the- right- thing’ Ethic..............................................................72
You Don’t ‘Dob’ in a Mate.........................................................................................73
Bullying and Harassment: ‘Circle the Wagons then Shoot the Messenger’ 73
Bullying, Harassment and its Effect upon Organisational Morale......................75
Workplace Mobbing .................................................................................................78
Relational Aggression ..............................................................................................81
The Bully Girls ..........................................................................................................82
  The super nurse .......................................................................................................83
  The resentful nurse ..................................................................................................83
  The put-downs, gossip and rumours nurse ............................................................83
  The backstabbing nurse .........................................................................................83
  The green-with-envy nurse: ..................................................................................83
  The cliquish nurse ...................................................................................................83
The Direct and Indirect Consequence of Truth Telling .........................................83
Goals to Decrease Mobbing ......................................................................................84
Plan for Reduction of Nurse Bullying ......................................................................86
Mobbing Behaviour – a Disincentive to Speaking out Publicly .........................87
Examples of Reprisals against Whistleblowers .....................................................87
Organisational Legitimacy and Whistleblowers ....................................................91
Australian Whistleblower Protection Legislation .................................................92
Risk to the Researcher in the Conduct of Sensitive Research ..............................98
Conclusion ...............................................................................................................101

Chapter 3: Research Design and Methodology .....................................................104
Assumptions and Limitations ................................................................................108
Formal Identification of the Participants and Collection of the Evidence.109
Preparing for the Interviews ..................................................................................109
  The nurses .............................................................................................................109
  The study setting ...................................................................................................110
The Interviews .........................................................................................................111
Examples of questions from the initial round of research ..........111
Scheduling of the interviews ..................................................112
First round of interviews ..........................................................113
Examples of questions from the first round of interviews ..........114
Second round of interviews ......................................................115
Examples of open-ended questions in the second round of interviews .................................................................116
Third round of interviews ..........................................................117
Examples of open-ended questions in the third round of interviews .................................................................118
Interpretation of the Data – Thematic Analysis ..........................119
Themes Revealed in the Data ......................................................120
Data Collection and Storage .....................................................122
Validation of the Data ..............................................................122
Ethical Considerations .............................................................123
Participant Observation ............................................................123
The Potential for Bias ...............................................................128
Insider–outsider controversy ......................................................128
Participation in sensitive research .............................................128
The Experience of Participant Observation in this Study ...........130
Researcher vulnerability ............................................................131
Participant Observation and the Decision to Present Narratives/Findings in the First and Third Person .................................................................132
Unconscious Influence upon the Truth by the Researcher ...........133
Potential for Conflict in Presentation of Results from Data ........134
Conclusion ..............................................................................135

Chapter 4: Truth Telling ...........................................................136
Monique: ..................................................................................137
Meadhbh: ..................................................................................137
Violet: ......................................................................................138
Yanaha: .....................................................................................138
Simone: .....................................................................................139
Kathrine: (The researcher, author and a participant observer in this study) ................................................................. 139
Narissa: (A non-participant in this study, – but a highly influential person). ................................................................. 140

What did Nursing Mean to You Prior to the Whistleblowing Event? ........ 144

Rationale for choosing nursing as a career ......................................................... 144

What were the circumstances that led to raising issues of concern with your employer? .................................................. 147

How did the information become public? ......................................................... 158

If you had the opportunity to go back to a time prior to the events that happened to you, would you make the same choices? .... 163

Conclusion ........................................................................................................... 167

Chapter 5: The Consequences of Advocacy .................................................. 169

What (if any) were the physical, psychological, social or professional effects you perceive to have occurred to you as a result of being a whistleblower? ..................................................................................... 171

The Role of the Nursing Industrial Representative in your Whistleblowing Experience ......................................................... 184

Scope of Practice and Whistleblower Nurses ................................................ 189

Have you ever worked outside what you know to be your lawful scope of practice? .......................................................... 189

Having experienced being labelled, what now is your definition of a whistleblower? .......................................................... 194

In the course of these interviews, you may have relived your whistleblowing experience. Given those reflections, if you had the opportunity to go back to a time prior to the events that happened to you, would you make the same choices? ..................................................................................... 198

Conclusion ........................................................................................................... 203

Chapter 6: The Future ....................................................................................... 205

Do you think there have been any long-term consequences for you professionally, and what does that mean for you as a nurse in the future? ................................................................................................................. 208

Long-term Consequences for Whistleblowers ................................................. 209

Can you quantify the consequences you believe you may have experienced as a result of speaking out? For example financial, family, personal, social and personal implications? ................................................. 216
Has your experience as a whistleblower nurse affected how you feel about telling the truth about adverse patient outcomes and patient safety? ................................................................. 224
Do you think you have changed your practice? Have you created some way of keeping yourself safe now? ................................................................. 229
Do you believe there is a need to protect nurses who advocate publicly for their patients? ................................................................. 234
On completion of each of the interviews did you experience any feelings, symptoms, flashbacks or concerns? ................................. 238

Conclusion ........................................................................................................ 242

Chapter 7: Reflections, Conclusions and Recommendations for Change for the Future ................................................................. 245

Reflections ........................................................................................................ 246
The Media: Whistleblowing and the Media ...................................................... 247

Findings from this Research ........................................................................ 248
Strategies for Nurses Now and in the Future ................................................. 250
Labelling: Sticks and Stones may Break my Bones ......................................... 252

Findings from this Research ........................................................................ 255
Strategies for Nurses Now and in the Future ................................................. 257

Career Protection: Creation of the Career Vantage of Safety ......................... 258

Findings from this Research ........................................................................ 260
Strategies for Nurses Now and in the Future ................................................. 261

Mobbing: Retaliation against Nurse Whistleblowers ........................................ 264

Strategies for Nurses Now and in the Future ................................................. 268
NSW Occupational Health and Safety Act 2000 No. 40 .......................... 270
New South Wales Anti-Discrimination Legislation ......................................... 272
New South Wales Public Interest Disclosures .............................................. 274
Whistleblower Laws in Australia ................................................................. 275

Studies Recommended for the Future .......................................................... 276

Creation of a career vantage of safety ......................................................... 276

Do Australian nurses experience greater reprisals as a result of the Australian cultural tenet ‘you don’t dob in a mate’ than nurses in other countries? ................................................................. 277

Protocols and Safeguards for Researchers Undertaking Sensitive Research ................................................................. 278
List of Tables

Table 1: Australian public sector whistleblowing legislation in chronological order of achievement by Australian states and territories..........................................................94

Table 2: Legislative requirements for internal disclosure procedures .....96

Table 3: Questions in the first round of interviews..............................114

Table 4: Questions in the second round of interviews.........................115

Table 5: Questions in the third round of interviews..........................117

Table 6: The participants and their current work situation .................210

Table 7: Survival strategies of the participants of this study .............261
Abstract

Adversity introduces a man to himself.
—Author unknown

In the Australian state of New South Wales (NSW), six women with 200 years clinical experience between them were employed by different hospitals within a common Area Health Service. Independently, and unknown to each other, they advocated for patients’ rights and patient safety through hospital internal escalation channels. After failing to garner satisfactory responses, these nurses were deliberately drawn together by another colleague, who without their consent or knowledge escalated their individual concerns to the media: where they were portrayed as a vigilante group of whistleblower nurses.

This research explores the premise the inherent moral and ethical qualities and responsibilities of a nurse demand nurses advocate for patients. As a facet of care, this action differs fundamentally from other experiences of whistleblowing.

Three rounds of in-depth interviews were audio-taped, transcribed and analysed, to provide data to address the issues associated with nurses who are labelled as whistleblowers. The study group was identified to the researcher by another nurse, who attempted to aggregate this group of
nurses to release information about their patient safety and advocacy issues; to add credibility to her own concerns about patient care; and to promote through the media an image of a cohesive group of vigilante whistleblower nurses.

Telling the stories and identifying the consequences of each nurse’s experiences provides the key findings of this research. The set of harms identified spans not only the whistleblowing events, but also the conduct of this research, whose author is a participant observer.

The major research implications and recommendations relate specifically to the role of the media in whistleblowing, the concept of advocacy and the impact of Australian law upon nurses who speak out publicly. The recommendations challenge the appropriateness of labelling nurses as whistleblowers. The survival strategies of whistleblower nurses are explored and recommendations are made to address ‘mobbing’ – a severe form of bullying and harassment. The concept of risk to a researcher who undertakes sensitive research is explored, and recommendations for researcher protection are defined.

The nurses have survived, albeit altered personally and professionally. This is the story.
Preface

To thine own self be true
And it must follow, as the night the day,
Thou canst not then be false to any man.
—William Shakespeare

I knew nothing about whistleblowers until I became one. I am a participant in, as well as the researcher and author of, this study. In this work, the presentation of my experiences in the first person is deliberate, for the experiences of participant and researcher offered significantly differing perspectives and proved a source of conflict in the conduct of this research. During the course of this study, I have been asked many times why I would willingly put myself in a situation where I was again exposed to the experiences that claimed not only my career but also the careers of my colleagues. My answer is simple – because it happened, and because nurses of the future must be protected when they advocate for their patients by speaking out publicly.

It is ironic that I should be a whistleblower. Before this event, I would never have condoned ‘going public’ with information about adverse patient outcomes. I had always accepted as healthcare providers we are fallible. Nevertheless, it is the responsibility of healthcare providers to be honest in the declaration of our mistakes and to be diligent, not only in learning from
our errors but in being willing to improve outcomes by continually striving to provide high standards of care for our patients.

As a career midwife I have always enjoyed the company of women. I find the great strengths of womankind to be reassuring, comforting and inspirational. I also take pleasure in the company of nurses and midwives, a predominantly female group of people who work hard, live hard and make a real difference to lives. Nursing is not just an eight-hour-a-day job. Nursing by its very nature shapes our character by exposing us to extreme human experience from birth to death. The qualities of compassion, empathy and advocacy are expected traits of a professional nurse. These very traits are the foundations for the promotion of truth and the protection of patients from harm.

Berry (2004) aptly defined whistleblowing as ‘the voice of conscience’. Nurses, perhaps naively, embrace the concept of patient advocacy as a tenet that will keep their patients safe – it will not. My experience as a whistleblower and a researcher has convinced me the concept of advocacy is acceptable in healthcare provided the nurse ‘knows her/his place’ and maintains silence about adverse outcomes if the information is likely to become public.

In hindsight, I now see I am exactly the sort of nurse who becomes a whistleblower. I expect high standards of care, honesty and integrity. My
whistleblower colleagues, the participants in this study, are nurses who shared the same passion for high-quality patient care and patient advocacy. Our lives have been eternally, personally and professionally, altered as a result of being labelled whistleblowers by the media and regarded as whistleblowers by our peers. Against these personal blows, as advocates for our patients we demonstrated our commitment to quality patient care. The inquiry into patient care in the three hospitals identified by the nurses in this research was a watershed for change in public health in NSW. By virtue of publicly exposing adverse patient outcomes and raising patient safety issues, we were instrumental in the establishment of clinical governance structures within healthcare in the state of New South Wales. Our efforts were not wasted.