

**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.**

Kathrine Maree Grover

RN., RM., BHM (UNE)., MHM [hons] (UNE)

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School of Health
Faculty of The Professions
University of New England
Armidale NSW
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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

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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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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.