

Whistleblowing: Role of Organizational Culture in Prevention and Management

Whistleblowing is an effort by a member or past member of an organization to deliver a warning to the public concerning a serious wrongdoing or danger created or masked by the organization (Ahern & McDonald, 2002; Bolsin, Faunce, & Oakley, 2005; Davis & Konishi, 2007). Whistleblowing results from a malfunction of the ethical environment of the organization to focus on its accountability for the safety and welfare of the patients. Individuals believe they must take a stand for the wrongdoing in the organization. Organizations that wish to protect themselves from public embarrassment stemming from whistleblowing need to establish a sound ethical culture. In this article, the type of organizational culture that would prevent the need for whistleblowing, as well as mechanisms to manage the whistleblowing process when it is needed, will be addressed. In a previous article on whistleblowing, I discussed the ethical justifications for the action, information on legal protections, and ways to reduce the risks and negative consequences often experienced by the whistleblower (Lachman, 2008).

What Does the Literature Say Is Important?

Several authors suggest ways to structure the organization to eliminate the need for whistleblowing, with discussion of needed policies to manage whistleblowing internally (Callahan, Dworkin, Fort, & Schipani, 2002; Grant, 2002; Greene & Latting, 2004; Near & Dworkin, 1998; Weiss, 1998). Grant (2002) indicated a belief that whistleblowing would not be necessary if the organization provided a safe way to discuss and manage ethical concerns. An organizational system needs to be transparent to be effective; the primary reason people do not report wrongdoing is that they think nothing would be done to rectify the situation (Near, Rehg, Van Scotter, & Miceli, 2004). Weiss (1998) presented steps to manage employee concerns by developing internal grievance procedures, encouraging and rewarding use of these procedures, appointing senior executives to be responsible for investigating and reporting wrongdoing, and assessing large fines for illegal actions. Near and Dworkin (1998) sug-

gested that a more pragmatic option would be to have legal protection for whistleblowers, unlike the existing laws that fail to protect the individuals. Stories of ruined careers, stress-related illness, and even broken marriages abound in the literature about the impact of whistleblowing.

Greene and Latting (2004) offered eight suggestions, beginning with establishing screening procedures to assure only morally responsible people are hired. They also suggested having written policies on the organization's ethical standards, including the steps employees should take if violations are witnessed. They recommended forming an organizational ethics committee to identify risk and advise management. Three of their ideas support an ethical organizational culture: ensure that adherence to high ethical standards is seen as everyone's responsibility; evaluate performance at least partially on adherence to standards; and establish a policy of "no tolerance" of ethical violations, with frequent statements about this policy from management. Finally, they suggested periodic meetings to identify situations ripe for ethical violations and connect these to training for prevention.

Callahan and colleagues (2002) suggested that organizations must focus on three trust-building tactics – accountability, reliance, and aspiration – to cultivate helpful internal whistleblowing procedures. These principles provide people and mechanisms to reach the outcome of an ethical organizational culture, and they help balance the need for profit with unbiased management of all organizational members.

Accountability is possible only when the rules are clear and management is willing to hold all to these explicit expectations. An ombudsperson would be helpful in achieving accountability because such a person symbolizes openness to opposition. This individual would be the internal recipient of employees' reports that could include accusations of wrongdoing, potential ethics/code of conduct violations, safety problems, human resource issues, and ideas for training. The very existence of this centralized outlet may encourage internal reporting, rather than external whistleblowing. When employees know they can stop wrongful conduct, both morale and organizational loyalty improve (Callahan et al., 2002).

Vicki D. Lachman, PhD, MBE, APRN, is a Clinical Associate Professor, Drexel University, Philadelphia, PA.

Reliance is about employees being able to trust the written and oral policies and standards. A code of ethics must be in practice, not only existing on paper. Employee participation in code development creates a code that is focused on the dilemmas most likely to occur. Central to this reliance is protection from retaliation, regardless of the issue or persons involved (Callahan et al., 2002).

Aspiration aims for excellence in ethical principles, rather than compliance with rules. The citizens of the organization, when bonded by empathy, solidarity, and integrity, respond differently to threats to the well-being of each other and to threats to organizational integrity (Callahan et al., 2002).

Whistleblowing in Nursing Literature

Thus far most of the suggestions came from general business, legal, and ethics literature. What specifically does the nursing literature say about the importance of organizational culture and policies in preventing and managing whistleblowing? Attree (2007) found multiple disincentives to reporting. First, nurses lacked confidence in existing reporting systems. They noted that a closed organizational culture often provided significant repercussions for raising concerns. Nurses in this study portrayed management in three acute care organizations as hindering openness. Attree (2007) also discussed facilitating factors for reporting where stating concerns was seen as professional duty; also potential risks and near misses were reported and accepted as constructive.

Fletcher, Sorrell, and Silva (1998) also indicated a belief that institutional ethical failure in accountability leads to whistleblowing. They identified whistleblowing as a last resort to protect clients or employees, or to avoid organizational self-destruction. They noted the clash of values inherent in whistleblowing: loyalty to clients or personal values versus loyalty to the organization. I suggest, however, that loyalty to an unethical organization violates basic professional duties, such as truth telling, self-determination, and mutual respect. Provision Three of the Code of Ethics for Nurses (American Nurses Association, 2001) acknowledges the nurse's ethical responsibility:

...to implement and maintain standards of professional nursing practice...Nurses should also be active participants in the development of policies and review mechanisms designed to promote patient safety, reduce likelihood of errors, and address both environmental system factors and human factors that present increased risk to patients (pp. 13-14).

According to this provision, then, it is not only the ethical obligation of nurses to follow existing safe practices, but also to identify and address sources of system factors error.

I believe Fletcher and colleagues (1998) recognized the heart of the problem when they noted that organizations have focused on the biomedical ethical issues and the business transactions in health care, but not on the ethical climate of the organization. They suggested that whistleblowing results from a failure of organizational ethics. Their remedy was "...identifying

the common values and beliefs so that employees and patients are able to recognize the organization's core values and hold the organization accountable for them" (Fletcher et al., 2008, p. 6). However, these values and beliefs need to be not only in the organization's mission statement and code of conduct, but also immersed in human resource, business, and patient care policies. Published procedures for resolving ethical disputes that will arise because of diversity in health care organizations also are needed for an ethical climate.

Ray (2006) identified whistleblowing as an ethical failure at the organizational level. When an organization has lost its moral compass, bureaucratic structures, paternalistic control, and cover-ups take precedence over transparency, accountability, and dialogue. An ethical culture places constraints upon certain activities, but also prescribes what the organization must do in situations of ethical conflict. Ray (2006) also argued for a variety of infrastructures to foster ethical analysis in policymaking and structures to hold the moral compass steady. Examples of such structures include ethics committees, integration of ethics structures with quality control structures, community survey to evaluate the organization's ethics, and designated executives for maintaining organization's ethics. I believe the entire management team is responsible for the organizational ethical culture, but the CEO sets the moral standard. After consulting to more than 400 health care organizations, I know that acts of immorality at the top set the tone for the organizational culture (e.g., CEO commits adultery or sexual harassment, or is arrested for DUI or tax evasion).

Recommendations for Creating an Ethical Organizational Culture

The articles reviewed have many similarities in their recommendations. I will identify five recommendations, beginning with the most global and working toward the needed infrastructure to support an ethical culture. The suggestion is that whistleblowing would not need to occur if the organization operated in an ethical manner. However, because no organization is perfect, I also will include infrastructures to deal with ethical violations.

1. *Develop a code of conduct or credo that emphasizes the values guiding the organization and for which there is no compromise.* Listen to the credo of Johnson and Johnson (<http://www.jnj.com/connect/about-jnj/jnj-credo/>). They demonstrated during the Tylenol® contamination incident that these words meant something. Though they lost millions of dollars, the organizational culture put doing the right thing above profits.
2. *Develop an organizational ethics committee whose mission is to create whatever infrastructures are necessary to have organizational values at the center of all dealings.* The ethical character of the organization, just like that of an individual, needs to amplify integrity. In a moral community, no gap exists between the espoused values and the action. Beyond the executive team, some group has to be responsible for creating the necessary interfaces

and polices that continuously and consistently guide the decision making of the organization. If a separate committee is not possible, then the clinical ethics committee authority should expand to include organizational ethics. At the minimum, a monitoring approach that covers pressure points thoroughly and communication conduits that allow timely reporting and correction are imperative.

3. *Ongoing educational forums should incorporate education on organizational ethical issues.* This would help staff understand the difference between personally held values and those that the organization has developed. For example, the individual nurse may believe that artificial hydration and nutrition always should be given to a patient in a persistent vegetative state, but the organization's values support the autonomous decision of the patient in an advance directive.
4. *"Get aggressive about passivity"* is not only the title of a *Harvard Business Review* article (Gentile, 2005), but a phrase that crystallizes the role of each employee in supporting an ethical climate. In this culture, employees would not be ruled by the "bystander effect," where people are aware of wrongdoing but fail to intervene. The terms "diffusion of responsibility" and "bystander apathy" followed the landmark studies attempting to understand the 1964 brutal murder of Kitty Genovese in front of her building in the respectable New York City neighborhood of Kew Gardens (Gansberg, 1964). This young woman was stabbed to death at 3:20 am on March 13, 1964. Her screams for help after several stab wounds awakened 38 of her neighbors and initially frightened away her assailant. No one called the police for over 30 minutes after the initial attack. The studies that followed indicated that people are more likely to help when they were alone. When others are present, people assume someone else will act. In this diffusion of responsibility, professional nurses can discard their individual sense of responsibility, deceiving themselves into believing that something is management's responsibility. Patients can ill afford this passivity. The profession needs nurses with the moral courage to speak up when they encounter an ethical problem. To make such action safer, organization-wide education on conflict resolution and a recognized reporting system are necessary.
5. *Establish a clear, published procedure for all individuals to follow when they believe the present practice is irreconcilable with the organization's values and principles of care.* This could include a hotline, an ombudsperson, or a credible and trusted person within the organization. Employees will be less fearful of retaliation and more likely to express concerns with an existence of a specific, formal channel for reporting. For greatest impact, report-

ing channels should allow anonymous communication, keep non-anonymous reporters informed of what action was taken, and have an appeal procedure for anyone who felt he or she suffered retaliation for whistleblowing.

Conclusion

An ethical culture is necessary to prevent and manage whistleblowing. Many authors address the importance of creating an organizational culture that supports ethical values through a code of conduct. In addition, infrastructures are needed to make the values and principles believable to the employees who should support them. Whistleblowing is often the result of an organizational culture that lacks the accountability for its espoused values. ■

References

- Ahern, K.M., & MacDonald, S. (2002). The beliefs of nurses who were involved in a whistleblowing event. *Journal of Advanced Nursing*, 38(3), 303-309.
- American Nurses Association (ANA). (2001). *Code for ethics for nurses with interpretative statements*. Silver Spring, MD: American Nurses Publishing.
- Attree, M. (2007). Factors influencing nurses' decisions to raise concerns about care quality. *Journal of Nursing Management*, 15, 392-402.
- Bolsin, S., Faunce, T., & Oakley, J. (2005). Practical virtue ethics: Healthcare whistleblowing and portable digital technology. *Journal of Medical Ethics*, 31(10), 612-618.
- Callahan, E.S., Dworkin, T.M., Fort, T.L., & Schipani, C.A. (2002). Integrating trends in whistleblowing and corporate governance: Promoting organizational effectiveness, societal responsibility, and employee empowerment. *American Business Law Journal*, 40(1), 177-236.
- Davis, A.J., & Konishi, E. (2007). Whistleblowing in Japan. *Nursing Ethics*, 4(2), 194-2001.
- Fletcher, J.J., Sorrell, J.M., & Silva, M.C. (1998). Whistleblowing as a failure of organizational ethics. *The Online Journal of Issues in Nursing*, 3(3). Retrieved May 22, 2008, from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol31998/No3Vol31998/Whistleblowing.aspx>
- Gansberg, M. (1964, March 27). Thirty-eight who saw the murder and did not call the police. *New York Times*, 26.
- Gentile, M. (2005). Get aggressive about passivity. *Harvard Business Review*, 83(11), 18-20.
- Grant, C. (2002). Whistle blowers: Saints of secular culture. *Journal of Business Ethics*, 39, 391-399.
- Greene, A.D., & Latting, J.K. (2004). Whistle-blowing as a form of advocacy: Guidelines for the practitioner and the organization. *Social Work*, 49(2), 219-230.
- Johnson and Johnson. (1997-2008). *Credo*. Retrieved May 22, 2008, from <http://www.jnj.com/connect/about-jnj/jnj-credo/>
- Lachman, V. (2008). Whistleblowers: Troublemakers or virtuous nurses? *MEDSURG Nursing*, 17(2), 126-128, 134.
- Near, J.P., & Dworkin, T.M. (1998). Responses to legislative changes: Corporate whistleblowing polices. *Journal of Business Ethics*, 17, 1551-1561.
- Near, J.P., Rehg, M.T., Van Scotter, J.R., & Miceli, M.P. (2004). Does type of wrongdoing affect the whistleblowing process? *Business Ethics Quarterly*, 14(2), 219-234.
- Ray, S.L. (2006). Whistleblowing and organizational ethics. *Nursing Ethics*, 13(4), 438-445.
- Weiss, J.W. (1998). *Business ethics* (2nd ed.). Fort Worth, TX: Dryden Press.

Reprinted from *MEDSURG Nursing*, 2008, Volume 17, Number 4, pp. 265-267. Reprinted with permission of the publisher, Jannetti Publications, Inc., East Holly Avenue, Box 56, Pitman, NJ 08071-0056; Phone (856) 256-2300; FAX (856) 589-7463. (For a sample issue of the journal, visit www.medsurnursing.net - Learn more about the Academy of Medical-Surgical Nurses [AMSN] at www.amsn.org)