



Nurses involved in whistleblowing incidents: Sequelae for their families

Lesley M. Wilkes, RN, PhD^{a,b,*}, Kath Peters, RN, BN(Hons), PhD^b,
Roslyn Weaver, BA(Hons), PhD^b, Debra Jackson, RN, PhD^c

^a Conjoint Appointment with Sydney West Area Health Service, Nepean Hospital, PO Box 63, Penrith, NSW 2751, Australia

^b Family and Community Health Research Group (FaCH), School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Locked Bag 1797, Penrith, NSW 2751, Australia

^c Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, PO Box 123, Broadway, NSW 2007, Australia

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Summary Nurses involved in whistleblowing often face economic and emotional retaliation, victimization and abuse. Yet for many nurses, one major part of their whistleblowing experience is the negative impact it has on their families. This paper reports findings from a qualitative study pertaining to the effects of whistleblowing on family life from the perspective of the nurses. Using a narrative inquiry approach, fourteen nurses were interviewed who were directly involved in whistleblowing complaints. Data analysis drew out three themes: strained relationships with family members, dislocation of family life, and exposing family to public scrutiny. The harm caused to the nurses involved in a whistleblowing event is not restricted to one party but to all those involved, as the harrowing experience and its consequences are echoed in the family life as well. It is important for organizations to seek strategies that will minimize the harmful effects on nurses' families during whistleblowing events.

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With an emphasis on building safe environments for patients, there has been concern that high profile major health care failures have harmed patients (Aspden, Corrigan, Wolcott, & Erickson, 2004; Walshe & Shorteh, 2004). However,

there is a culture of secrecy, professional protectionism and defensiveness that inhibits recognizing these failures and instituting structural change in health care systems and organizations. In the last decade, there have been those who have challenged the system by whistleblowing – often to their own detriment. There is no internationally accepted definition of whistleblowing, however, a commonly used definition is that whistleblowing is “the disclosure by organization members (former or current) of illegal, immoral or illegitimate practices under the control of their employees, to persons or organizations that

* Corresponding author. Tel.: +61 02 4734 3181;
fax: +61 02 4734 3182.

E-mail addresses: l.wilkes@uws.edu.au (L.M. Wilkes),
k.peters@uws.edu.au (K. Peters), r.weaver@uws.edu.au
(R. Weaver), debra.jackson@uts.edu.au (D. Jackson).

may be able to effect action.” (Near & Miceli, 1985, p. 4).

Whistleblowers in health are often nurses, and while they may be seen by the public as heroes rather than traitors (Johnson, 2003), they often face economic and emotional retaliation, victimization and personal abuse with little help from statutory bodies (Firtko & Jackson, 2005; Jackson, 2008; Jackson et al., 2010a, 2010b; Lennane, 1993; McDonald & Ahern, 2000; Yamey, 2000). However, the consequences for families of nurses involved in whistleblowing incidents (whether as the whistleblower or as the subject of a whistleblowing incident) are poorly documented in both the nursing and the general literature.

While governments often lack the general power to implement comprehensive whistleblower legislation in the private and public sectors, in countries such as Australia, the UK and the USA, Federal governments have used their constitutional powers to protect some whistleblowers in specific situations in corporations or public service (Department of Parliamentary Services, 2005; Tsahuridu & Vandekerckhove, 2008; Vinten & Gavin, 2005). However, often this does not extend to protecting nurses in the health care system (e.g. Jackson, 2008; Johnstone, 2005; Waters, 2008).

As indicated above, it is evident that being involved in a whistleblowing incident is detrimental. The key issue in any discussion of detrimental effects is how the physical or psychological harm is manifested in the workplace. In the Australian context, one national study of 7663 public officers in 118 public agencies showed that 43.1% of all whistleblowers experienced threats, intimidation, harassment and torment (Brown, 2008). However, this report made no mention of family-related issues.

While it is well known that workplace stress affects family life (Chang & Hancock, 2003; Mohan, Wilkes, & Jackson, 2006; Wilkes & Beale, 2001), there have been few studies of the consequence of whistleblowing from the perspective of the whistleblower and their family. No studies could be found to discern the perspective of the subject of whistleblowing and their family. The few studies that have discussed or empirically explored family issues have often only mentioned it as a sideline to the workplace stressors. For example, Lennane (1993) discusses economic hardship, family stress and divorce. Calcraft (2007) does discuss the impact on the personal life of aged care workers and in particular the essential part the family played in supporting the whistleblowers. McDonald and Ahern (2002) do not mention family in their seminal work on the physical and emotional effects on nurses involved in whistleblowing. Again they concentrate on the workplace setting. However they do state that 94% of nurses who were whistleblowers experience stress-related emotional problems. It could be argued that this could have an effect on family life. While generic studies on victimization, which can be a consequence of the whistleblowing experience, have shown the effects on family life (Tepper, 2000), the question of what happens in the nurse's family life when involved in whistleblowing is an important issue.

The findings recorded in this paper came from a larger study on whistleblowing and the experiences of nurses as the whistleblower, and/or the subjects of the complaints. Elsewhere we have published findings pertaining to workplace issues (Jackson et al., 2010a, 2010b, in press). This

current paper focuses on a major category that emerged from the analysis – the nurse's family life.

Methods

Research design

This study was a qualitative narrative inquiry using autobiographical stories about the participants' experiences as a whistleblower or as the subject of a whistleblowing complaint. As emphasized by proponents of narrative inquiry, the temporality, meaning and social aspects of the stories were important (Carter, 2008; Elliot, 2005). Narrative inquiry allowed the subjectively constructed meanings and experiences, embedded in participants' language and their social world, to be explicated from their stories (Holloway & Freshwater, 2007). Further, Carr (2008) attests that narratives provide us the opportunity to gain descriptions from particular actors in a larger story. The intent of the interviews in this study was to capture the beliefs and attitudes about whistleblowing in the nursing culture. Parts of this method have been published previously (Jackson et al., 2010a, 2010b, in press; Peters et al., in press).

Participants and procedure

All participants had direct experience of whistleblowing as a whistleblower (W) or as the subject of a whistleblowing complaint (S). The participants were recruited through advertising in a national professional organization magazine. Potential participants who contacted the researchers were sent an information sheet with a consent form. Following consent, 18 nurses were interviewed. These nurses worked in general ward areas, aged care, critical care (emergency, intensive care, and coronary care), operating rooms and community settings. They had varying levels of education and were employed in clinical and management positions.

Data collection

The nurses' stories were collected via semi-structured face-to-face interviews and were conducted by one member of the team (an expert in narrative inquiry). They were conducted in a mutually agreed place, digitally recorded and transcribed. Audio data were transcribed by a professional transcription company who were bound by a signed confidentiality agreement.

Data analysis

Text from the interviews was coded to reveal common and contrasting categories of the nurses' experience of whistleblowing (Lee & Feilding, 2004). Narratives were interrogated as a whole and in parts to reveal the meanings and form a collective story (Chase, 2005; Holloway & Freshwater, 2007). To ensure the credibility and dependability of the research all interviews were conducted by one skilled expert interviewer, and all categories were discussed with an agreement between the interviewer and principal researcher. Confirmability was ensured by documenting an audit trail of processes

such as transcription records, coding documents, notes from member meetings and by the findings being supported by verbatim quotes from the participants (Polit & Beck, 2008).

Ethical clearance

Confidentiality, anonymity and justice were significantly important because of the sensitive nature of the research. Justice was ensured in that at all stages of the research the participants' stories were treated with sensitivity, de-identified, and reconstructed without sensationalism. Anonymity and confidentiality were maintained by conducting interviews away from the workplace, with the use of pseudonyms during the story writing. A qualified independent counselling service was organized by the team but this was not required by any participant. In addition the interviewer was debriefed by other members of the team and given emotional support.

Results

A major category that emerged in the analysis of data was the negative effect of the whistleblowing incidents on the nurses' family life. Nine of the nurses talked about their families. As Rosie (W) stated: "from me becoming a whistleblower, it's affected my whole family". This effect will be described under three subcategories: (1) strained relationships with family members, (2) dislocation of family life and (3) exposing family to public scrutiny.

Strained relationships with family members

A major finding of the analysis was that families were disrupted by the whistleblowing event, and this often caused changes in the nurses' relationship with their family members. Nurses could not discuss the incidents at work because of forced confidentiality and used the family to debrief and seek validation. Often this validation was not evident and the family members themselves could not rationalize why the nurse had acted in such a way at work.

A number of the nurses spoke of the effect of their whistleblowing experience on their relationships with family members. The all-consuming nature of the incident left little time to maintain existing relationships. Many felt they were supported by their family even if the family members were unable to fully comprehend what they were going through. Moira (W) who had seen a fellow whistleblower harassed narrated:

My husband felt that he didn't understand me, tried to be supportive but it preoccupied my mind and how I thought about things. It was quite preoccupying for me. Just worrying about it and worrying about going to work and thinking where's the next job going to come from? What are they going to do to set me up?

While the nurses received some support from their families, they tried to protect them from the harm of the situation at work, and often felt unsupported despite their families' efforts. As Carolyn (S) recounts:

My husband came with me (to the hearing), he was a busy man, although I don't know that I really got the support from him. Not overtly, I mean he was there behind me and my kids didn't really understand. I tried to protect them from it.

Carolyn also reflected on the fact that her husband was supportive although he really didn't understand professionally what the whistleblowing investigation meant. Relationships with other members of the immediate family and her extended family of friends were also negatively affected by the work experience. Mary's (W) relationship of trust with her father was influenced by the way he interrogated her:

But my dad actually said to me...I want to know what your views of [ethical issue] are and I just said, what? And it's my father, and he said, look I want to know because this is what's going to happen. He said do you believe it because you know that a lot of people do. And I said but it's beside the point you know, we don't practice like that. And it is against the law and we do have a code of conduct and all sorts of things like this. But he just said, look I've heard all about it from downtown.

One nurse, who was separated from her husband before the incident, recounted the negative changes in their relationship:

One of my colleagues had said he believed that I was having an affair with the manager. It was a front page story. I'm separated from my husband but we were getting on well enough to share the children and things were not ugly. From that point on they got very ugly because he didn't believe me. You know, I said look what's in the paper is not true and he said yeah (Diana S).

Dislocation of family life

The sequelae of the incidents including job losses, geographic dislocation, and detrimental emotional and physical effects on the nurses caused considerable disruption to family life on many levels. Family life was disrupted in many cases due to the necessity of geographically moving from the scene of the whistleblowing incident. This took a significant toll on the family dynamic and individuals in the family. Often children were affected. As related by Rosie (W):

The repercussions from that to me were horrendous. Now we moved here and my 15 year old son became suicidal. Found nooses in his room, letters. He's okay now. He's on Prozac. They're just repercussions I've got from my work. From me becoming a whistleblower.

Diana (S) moved interstate as her relationship with her husband deteriorated to the point where they became involved in a custody battle for their children. Not only was this move emotionally draining and unsuccessful, it came at great financial cost.

I brought my children here. They were very unsettled. My son was so unsettled that he wouldn't go to school and in the end he had to go back and live with his father. Not because I wanted him to and he didn't actually want to live with his father either but he didn't want to leave his

mates and he wouldn't go to school, he wouldn't settle. I said what do you want, he said I want to go back. I said you'll have to live with your father, he said that's okay, I can put up with that. Like it tore my heart apart to lose my son and I've had to pay airfares for the children to fly every holidays. I've had the abuse of my husband up until probably two months ago when I've had two civil conversations with him in the last three years, so he's finally got to some point of reconciliation. I lost money, having just to physically move house, I lost money in income earnings.

Anna's (W & S) family life was disrupted not physically but emotionally because she lost her career and job:

There was another thing that it [whistleblowing] affects. Well it affects your family and your circle of friends. I was only in the last month speaking to a close friend from Victoria who really didn't understand what it was all about. She was horrified when she heard what had happened. Because when you're under investigation you cannot talk about it to anybody.

Often other members of the family voiced their opinion that they wanted the nurse to remove themselves from the situation at work because the potential impact on her career could disrupt home life:

It caused a lot of stress at home because I was talking to my husband about it and he felt what I had to do was just go along with it, just not fight it, because he said it's going to affect your career if you do this. (Valerie W)

This conflict to "do the right thing" and not disrupt the family was also voiced by Rosie (W):

You keep doing what you're doing, well done and all the rest of it but feeling like you're doing the right thing, sorry, knowing you're doing the right thing, being told by other people that you're doing the right thing, feeling like you're cutting the legs out from your family by doing the right thing, two very conflicting emotions and feelings that, that don't match.

Rosie recounted being so affected by the disruptions to the family life that she felt she was not really present at home: "I was just drinking. I was sleeping. It was like I wasn't at home at all. ... [work colleague] ... would ring me up and tell me to get out of bed, your family needs you".

Exposing family to public scrutiny

Whistleblowing often became a public exposition of the incident. For families the external scrutiny of the nurse's action and themselves to the public in the media, in the street and at gatherings of friends and neighbors was a disturbing experience for all concerned:

It was harrowing. The next day it's in the major daily paper, second page, great big picture, big story. It's word for word out of my report which I had asked for it to remain confidential ... but no it's all there. It's on the news. (Diana S)

Some nurses felt they needed to protect their families from this scrutiny:

It was published in the papers. Something came out in the papers at one stage. It caused enormous distress to my parents. I didn't want them to have to worry about it. They had enough worries of their own about all this. My children weren't really aware. ... They (media) did ask (for a photo) and I had said no because at the time we had a number of other things going on in the family, not through work and so forth. I really didn't want that imposition for the family. Anyway, they obviously didn't get a good enough photograph because nothing more was published. There was never a photograph of me published, but my name was plastered all over the newspaper. (Carolyn S)

The whistleblowing events often brought out emotions of anger from other members of the family. For example, Mary recounts her husband witnessed an outburst by a local businessman:

It was just a tourist that was in there [post office] and said what's going on around here about the [subject of whistleblowing event] and apparently the post office bloke he just went right off. He apparently just threw something on the ground and started swearing and carrying on, "he's got millions of dollars and he's going to sue them. It's a witch hunt. All the nurses at the hospital – it's just a darn witches hunt they're all ..." – you know he was going right off, apparently swearing and doing all sorts of horrible things. He [husband] said it made him very angry actually, he wasn't very happy at all because it was such a set against the nurses. It wasn't just one, it was all of us. (Mary W)

Discussion

Often when work issues are discussed in the context of whistleblowing, the effect on the immediate family is overlooked, despite the emphasis on work-life balance in the literature (Bovenberg, 2005). This study is important as it is the first to detail the effects of whistleblowing on family life. In particular it describes the effects from the perspective of nurses, who are often the whistleblowers in health. However, the study data are not restricted to the whistleblower because the family issues for the subjects of whistleblowing complaints are also elaborated.

The overarching theme that emerges from the data is that the harm caused to the nurses involved in a whistleblowing incident is not restricted to one party but to all those involved. This was influenced by the overarching fact that because of confidentiality issues the nurses could not provide in-depth explanations of the situations they were involved in. The harrowing experience and its consequences are echoed in the family life of the nurses. Like other studies it shows how workplace stress (organizational stress, occupational stress, workplace strain) for nurses can be generated by diverse incidents at work and can cause interference with their family life to varying degrees (French, Lenton, Walters, & Eyles, 2000; McVicar, 2003). In a 2006 study of 1906 registered nurses in the USA, 50% reported that work interfered with their family life at least once per week (Grzywacz, Frone, Brewer, & Cover, 2006). Other studies have shown that organizational stress experienced by nurses causes family issues not only because of the physi-

cal and at-work emotional effects on individual nurses but how these impact on the family (Chang & Hancock, 2003; McVicar, 2003; Wilkes, 1999).

In order to cope with the sequelae of the whistleblowing event, some participants relocated, however, this had its own impact on family relationships. Existing literature that focuses on relocation such as military families emphasizes this stress (Drummet, Coleman, & Cable, 2003). Adolescents are often the forgotten identities in these relocations, as shown in the literature and in this current study. Adolescents often have difficulty fitting in and making new friendships (Vernberg, Greenhoot, & Biggs, 2006), which compounds the challenges they face.

The media are at the forefront in putting whistleblowing incidents in the public eye (Firtko & Jackson, 2005). While this reporting may be somewhat defensible in keeping the public informed of issues in their health care system, it has the potential to cause immense stress to individuals involved in whistleblowing incidences and their families. Public perceptions of such events as whistleblowing are often fuelled by sensationalized and inaccurate media coverage (Shah, 2005). It is obvious from the findings in this study that the media had a direct negative impact on families, broadening the effects of a stressful event from the individual and their workplace to their families and the community. People forget that while the story is only there for the day, the effect on the actors lasts for much longer.

Conclusion

This paper has reinforced the idea that when looking at workplace issues such as whistleblowing, managers must be aware that the adverse effects on the staff members can extend to their families. Family milieu can be disrupted by whistleblowing, producing an environment where nurses are no longer happy in their jobs, and are potentially beleaguered by the media. It is important for organizations to provide opportunities for the staff to vent these issues and possibly provide counselling where appropriate, and also to seek strategies that will minimize the harmful effects on nurses' families during whistleblowing events.

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