10.8: Whistle-Blowing as Advocacy

**Whistle-blowing** refers to “a conscious act of disclosure about organizational or individual practices and behaviours to those who could achieve possible change” (Jackson et al., 2011, p. 656). The CNA Code of Ethics supports the act of whistle-blowing when there are ethical violations, stating, “Nurses support a climate of trust that sponsors openness, encourages the act of questioning the status quo and supports those who set out in good faith to address concerns (e.g., whistle-blowing)” (2017, p. 16). However, whistle-blowing can be very difficult for the individual nurse since it involves a public accusation, which can cause the nurse to be perceived as disloyal to the organization. Despite these difficulties, nurses have a responsibility to speak up and report to their leaders when patients are at risk of harm or when they observe a poor-quality experience due to an inadequate patient care environment.

How organizational leaders respond to the concerns about ethical violations is often dependent on the organization. Nurses may be concerned that employment contracts with confidentiality clauses prioritize organizational issues over the concerns of staff and patients (Jackson et al., 2011). These confidentiality clauses sometimes lead to secrecy and the withholding of risky, or potentially stigmatizing, disclosures (Ellenchild Pinch, 2000). Perceived lack of response to client concerns by organization leaders and managers can force the nurse to take the issues to individuals in positions of power outside the organization. The employee who takes the issues outside the organization may violate confidentiality and risk negative consequences in order to address concerns of patient and staff well-being. Whistle-blowing is always a last resort (Reid, 2013).

**Essential Learning Activity 10.7.1**

For more information on whistle-blowing, review the following legislation designed to protect those who speak out to address concerns in good faith.

From the [Criminal Code of Canada](https://med.libretexts.org/Bookshelves/Nursing/Book%3A_Leadership_and_Influencing_Change_in_Nursing_(Wagner)/10%3A):
“425.1(1) No employer or person acting on behalf of an employer or in a position of authority in respect of an employee of the employer shall take a disciplinary measure against, demote, terminate or otherwise adversely affect the employment of such an employee, or threaten to do so,

(a) with the intent to compel the employee to abstain from providing information to a person whose duties include the enforcement of federal or provincial law, respecting an offence that the employee believes has been or is being committed contrary to this or any other federal or provincial Act or regulation by the employer or an officer or employee of the employer or, if the employer is a corporation, by one or more of its directors; or

(b) with the intent to retaliate against the employee because the employee has provided information referred to in paragraph (a) to a person whose duties include the enforcement of federal or provincial law.” (Criminal Code, 1985)

From the preamble of the Public Servants Disclosure Protection Act:

“. . . confidence in public institutions can be enhanced by establishing effective procedures for the disclosure of wrongdoings and for protecting public servants who disclose wrongdoings, and by establishing a code of conduct for the public sector.” (Public Servants Disclosure Protection Act, 2005)

The Government of Saskatchewan’s website states that “The Public Interest Disclosure Act protects employees of the Government of Saskatchewan from reprisal for making a disclosure of wrongdoing in the workplace” (Government of Saskatchewan, 2013). Visit the Government of Saskatchewan’s website to read the Public Interest Disclosure Act in full.

Research Note


Purpose

“The aim of this paper is to reveal the experiences and meaning of confidentiality for Australian nurses in the context of whistle blowing” (Jackson et al., p. 655).

Discussion

“Despite the ethical, legal and moral importance of confidentiality within the health-care context, little work has addressed the implications of confidentially related to whistle-blowing events.

The study used qualitative narrative inquiry. Eighteen Australian nurses, with first-hand experience of whistle blowing, consented to face-to-face semi-structured interviews. Four emergent themes relating to confidentiality were identified: (1) confidentiality as enforced silence; (2) confidentiality as isolating and marginalizing; (3) confidentiality as creating a rumour mill; and (4) confidentiality in the context of the public’s right to know.

The interpretation and application of confidentiality influences the outcomes of whistle blowing within the context of health-care services. Conversely, confidentially can be a protective mechanism for health-care institutions.” (Jackson et al., p. 655)
Application to practice

“It is beholden upon nurse managers to carefully risk manage whistle-blowing events. It is also important that nurse managers are aware of the consequences of their interpretation and application of confidentiality to whistle-blowing events, and the potentially competing outcomes for individuals and the institution.” (Jackson et al., p. 655)