Editorial

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EDITORIAL

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WHISTLE BLOWING

In this modern age of healthcare we are all encouraged to learn from our mistakes so that in the future others may benefit. The so-called 'no blame' culture is widely promoted as being one of the mediums through which this can be achieved. And, arguably, if we are really serious about patient safety then we must do everything we can to ensure that our colleagues feel comfortable in coming forward and admitting they made a mistake or reporting one. However, there are many people who find this difficult.

I spoke recently to a colleague with over five years' experience as an intensive care nurse who, although she was not a senior nurse in terms of her job title, by virtue of her professional experience she would certainly qualify as a clinical expert. She told me a story about working several shifts with one of her senior (by rank) colleagues, and identified that several of this senior nurse's practices were either non evidenced-based or posed a risk to the patient. Her story came to a head as she described how the senior nurse had failed to safely manage the endotracheal tube of a ventilated patient while he was being turned. Although the patient was not harmed, the endotracheal tube was displaced and needed to be repositioned. This is "basic stuff" I was told, "she should know how to do this."

Although certain in her own mind that the senior nurse's practices were below standard, the other nurse did not feel comfortable about confronting her. Nor, when I questioned her about it, did she feel able to correct the senior nurse's practice because other colleagues were present. On further probing, she was also concerned at the prospect of talking to her nurse manager about her concerns because she felt that her colleagues might view this as unsupportive and she would be perceived as being disloyal.

My response to the nurse was to ask her to think about her duty of care to the patient. Although on this occasion the patient came to no harm, that might not be the case for all patients that the senior nurse comes into contact with in the future. Having said that, I did empathise with her about how difficult it is to challenge colleagues who we have to work with every day. The nurse's concerns for herself were also related to the senior nurse's clique of intensive care friends, who were a close-knit group that she did not feel part of.

This nurse's story is not unusual. Although she felt professionally responsible to take action about her colleague's sub-standard practices, the social environment in which she worked held a more powerful influence, which ultimately had the effect of disempowering her as a professional nurse. When this happens, the person who has most to lose is the patient.

So, what can we do? First, I think we need to examine our own practices to ensure that we are giving the best possible care. Second, we need to look around ourselves to identify other nurses whom we can relate to this story. Third, we need to provide a variety of forums for nurses to talk about their concerns in a non-threatening environment. Finally, we need to always put the patient first.

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