



Welcome from the Director

Blowing the whistle in poor quality care



'Whistleblowers' are those who step outside the usual processes to reveal information which exposes practices that are unethical, illegal, unsafe or inappropriate. In health care, these

whistleblowers are often nurses. Equipped with both a high level of clinical training and an ongoing role at the 'front line' of patient care, nurses are uniquely positioned to recognise failings in that care, and recognise when patients, or other health workers, are at risk of harm.

For nurses, the ethical decisions regarding whistleblowing are seldom clear. Though nurses are generally acting in the interests of patient advocacy or seeking to rectify some instance of misconduct,¹ whistleblowing may also involve breaching professional ethics by making private details and confidential information public.

Despite the heroic popular portrayal of many whistleblowers, the consequences of stepping outside the usual channels are often severe for those concerned, who risk being portrayed as disloyal, malcontented or even malicious in their complaints. In Australia, five nurses who 'blew the whistle' on poor care in a NSW hospital experienced hostility from colleagues and some found themselves out of work,² despite their

concerns being endorsed in a subsequent public enquiry.

Many countries have acknowledged the important role that whistleblowers can play in protecting the public interest by instituting legislation to protect those who raise genuine concerns. However, the form and nature of it varies. For example, the American Whistleblowers Protection Act provides broad protection under a wide range of circumstances. Legislation in the UK, New Zealand and South Africa only protects whistleblowers who pursue their complaints through certain established channels or authorities. The existence of legislation does not always guarantee protection in all circumstances.

In an ideal world, a nurse would never need to become a whistleblower. Structures aimed at ensuring good quality care, creating systems for ongoing improvement, and guaranteeing patients receive safe and effective health care services are well established in health systems across the world.

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¹ Firtko A and Jackson D (2005). "Do the ends justify the means? Nursing and the dilemma of whistleblowing" *Australian Journal of Advanced Nursing*, Volume 23 Number 1, 2005.

² Faunce TA and Bolsin SNC (2004). "Three Australian whistleblowing sagas: lessons for internal and external regulation" *MJA* Volume 181 Number 1 5 July 2004.

In large organisations, particularly in high-income countries, a wide range of clinical governance measures exist, including internal clinical review panels³, regulatory frameworks, accreditation, credentialing, peer-review, adverse events and mortality reviews, audits, risk management strategies and sentinel event reporting are in place specifically for this purpose. Why then do instances of ongoing poor care continue to be exposed?

One of the problems is that the effectiveness with which quality systems operate, and the way that a health care organisation responds to concerns raised internally, is heavily dependent on the prevailing professional, institutional and political culture. If these are poor, quality systems are less likely to identify and expose problems. Further, if issues are raised, they are less likely to be properly resolved⁴ in a poor organisational climate.

In addition, whistleblowing is often either poorly accommodated or even antithetical to the established structures for reporting and self-monitoring of quality such as peer review panels and adverse events reporting, where confidentiality often plays a key role in disclosure. Referral to these bodies is often regarded as the end of the process rather than the beginning, and there is often no means for the complainant to know whether or what action has been taken.⁵ While regarded by some commentators as both illogical and counterproductive, this 'closed shop' approach is seen by others as an essential and intrinsic part of effective quality management and review.

In the meantime, nurses associations continue to support nurses who are concerned about quality of care. Publications such as ICN's *Ethics in Nursing Practice: A Guide to Ethical Decision Making*⁶ provide help in weighing up the sometimes competing ethical imperatives. In the UK, the Royal College of Nursing responded to a recent high-profile case by establishing a phone-line and web-based reporting service which provides another avenue for nurses to report care concerns.

³ Haas M (2007). "Reducing barriers to whistleblowing" Survey number (10) 2007, Health Policy Monitor Bertelsmann Stiftung

⁴ Faunce & Bolsin, op. cit.

⁵ Ibid.

⁶ Fry ST & Johnstone MJ (2008). *Ethics in Nursing Practice: A Guide to Ethical Decision Making (3rd edition)* International Council of Nurses, Geneva.

Whistleblowing is, and should remain, a strategy of last resort. In an organisation in which there are clear avenues through which a nurse can raise concerns or make suggestions on how to avoid risk and improve quality, and that nurse can be confident that her feedback will be both welcomed and acted upon, whistleblowing becomes redundant. Until that time, nurses who are concerned about care should ensure that they are aware of both their ethical and legal rights and responsibilities before blowing the whistle.

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What's new at the ICHRN

New Resources and Publications

Skill mix decision making for nurses (McGillis Hall & Buch 2009) is the newest addition to the growing collection of original monographs available for download at www.ichrn.org. The paper provides an overview of current approaches to skill mix decision-making in nursing and the evidence base supporting their use. Strengths, weaknesses and limitations of approaches are identified and key contextual issues, data and information necessary to inform skill mix decisions are outlined. Finally, a checklist is provided that integrates findings from the literature into a three-part approach for managers implementing a skill-mix change.

Scaling Up the Stock of Health Workers: A Review (Dussault et al. 2009) has proved a popular addition to the ICHRN monograph series. This paper synthesises some of the published and grey literature on the process of scaling up the health workforce with a particular focus on increasing the number of trained providers of health services. It concentrates on low- and middle-income countries, although some literature on richer countries is included.

The nursing community, macroeconomic and public finance policies: towards a better understanding is a joint publication from the World Health Organization (WHO) and the International Council of Nurses. This paper seeks to support nursing community interactions with the various stakeholders that influence financial resource allocation in the public sector and provide nursing representatives with valid economic reasons for investing in health, health systems and the health workforce.

The **Coaching in Nursing Workbook** is a free, hands-on guide that can be used to teach nurses coaching principles and skills. It is a joint initiative between the International Council of Nurses (ICN) and the Honour Society of Nursing Sigma Theta Tau International (STTI). Coaching is a tool that can affirm and develop professional competencies in nursing such as critical thinking, communication and the delivery of improved patient-centred care. Six International Continuing Nursing Education Credits (ICNECs) and/or STTI's American Nurses Credentialing Center (ANCC) accreditation are also available on line and free of charge from ICN and STTI. You can access the Workbook and the test on the ICN website at www.icn.ch/coachingworkbook.htm. The Workbook is also available on the STTI website at www.nursingsociety.org/CEworkbook and the test at www.nursingknowledge.org/stti_ce/MOC06b_index.htm.

ICHRN's Knowledge Library

The ICHRN Knowledge Library continues to expand and now contains over 600 resources. We encourage you to contribute reference materials and documents that you have found useful in your work and workplace. To suggest an item for inclusion, contact the ICHRN Secretariat (ichrn.secretariat@icn.ch).

Coming up at ICHRN...

The ICHRN continues to commission and produce a range of resources on key issues in nursing human resources. Publications and resources due for release in 2009 include a case study on nursing in Kenya, and a short monograph outlining the impact of the economic recession on nurses in Iceland. The Iceland paper is the first in a new series of short monographs which will aim to provide timely analysis of key issues facing nurses across the world.

Other papers under development include case studies on nursing in Costa Rica, Norway and Mauritius, and monographs on un- and under-employment of nurses, workplace reform for primary care nursing and flexible working practices.

Featured News

Concern over H1N1 nurse vaccines

A recent poll by the *Nursing Times* in the UK showed that the proportion of nurses who do not

intend to be vaccinated against H1N1 has risen from 31% in August to 47% in October, while those who definitely will has fallen from 35% to 23%. While the Department of Health has urged front line staff to be immunised, it remains voluntary. Low rates of take-up have been attributed to concerns about the vaccine's safety and effectiveness, combined with the generally mild nature of the virus for those without co-morbidities.

Meanwhile, in New York State, an emergency regulation has been introduced making vaccination mandatory for all nurses by 30 November 2010. The measure has been met with widespread concern about the civil rights implications, with nurses claiming that the right to refuse medication, as enshrined in the Patient's Bill of Rights, should also apply to nurses. The New York State Nurses Association, while supporting the recommendation and expectation of nurses' vaccination, do not believe that it should be made a condition of employment.

In a virtual press briefing on 24 September 2009, Dr Marie-Paule Kieny, WHO Director of the Initiative for Vaccine Research, explained that the World Health Organization's Strategic Advisory Group of Experts (SAGE) has recommended that all countries should vaccinate their health workers, in order that they protect themselves, the health system can continue to function, and to avoid health workers becoming sick and putting their patients at risk. WHO does not, however, recommend mandatory vaccination.

Sources: www.guardian.co.uk/nursing/advanceweb.com/editorial/content/editorial.aspx?cc=207252, www.who.int/mediacentre/pandemic_h1n1_press_transcript_2009_09_24.pdf

Survey highlights workplace challenges

Nurses believe that heavy workloads and insufficient staff are impacting patient care and health outcomes around the world, according to research presented at the International Council of Nurses (ICN) 24th Quadrennial Congress. The results are part of an extensive global attitudinal survey, which asked more than 2,000 nurses about the challenges and opportunities they face.

ICN and Pfizer Inc. External Medical Affairs collaborated on the survey, conducted by APCO Insight in over 11 countries, including Brazil, Canada, Colombia, Japan, Kenya, Portugal,

South Africa, Taiwan, Uganda, the UK, and the US.

The survey found that nine in ten (92%) nurses face time constraints that prevent them spending enough time with individual patients as they think necessary. Nearly all nurses surveyed (96%) say that spending more time with individual patients would have a significant positive impact on patient health.

Other key findings from the research provide a glimpse into the challenges nurses face, and opportunities for improvements:

- Nearly half of nurses (46%) say their workload is worse today compared to five years ago, potentially impacting the quality of patient care.
- Nurses are most concerned with heavy workloads (42%), insufficient pay and benefits (22%), a lack of recognition for their work (15%) and too much bureaucracy (13%). The best part of their profession is helping patients; nurses are most likely to say that patient contact (37%) is the most favourable aspect of their work experience.
- Nursing as a career is viewed as worse today than it was five years ago in Canada (52%), the US (46%), Taiwan (45%), and the UK (39%); however nurses in Kenya (71%), Brazil (64%) and South Africa (63%) are more likely to see their roles as having improved over this time.
- When asked to rate the likelihood they will still be practicing nursing in five years, 53% say it is 'very likely.' However, the commitment varies significantly by country. Nurses in Portugal (77%), Brazil (75%), Canada (71%), and the US (68%) say they are very likely to stay in nursing for the next five years, while nurses in countries with severe health human resource shortages and heavy disease burdens such as Kenya (38%), South Africa (33%), Taiwan (33%) and Uganda (32%) say they are less likely to do so.
- Nurses favour expanding their health care responsibilities, including the authority to prescribe medicines to patients. Eight in ten (83%) nurses surveyed say they currently do not have the authority to prescribe medicines to patients. Nevertheless, seven in ten (70%)

say they favour nurses having this authority. Nurses in Colombia (61%), the US (59%) and Taiwan (57%) are most likely to oppose nurses having this authority, while those in Kenya (94%), the UK (87%), Canada (87%), Uganda (84%) and South Africa (83%) are most in favour of it.

The research shows that having greater independence and control over their practice area, sufficient staff, greater involvement in decisions impacting their work and patient care, and improved work-life balance have a significant impact on nurses' likelihood to remain in nursing.

Global results and methodology can be viewed at www.icn.ch/Workplace_survey2009.htm

UK Commission on Future of Nursing and Midwifery in England

A new commission of experts to advise the Government on the future role of nurses and midwives was set up by the UK Prime Minister Gordon Brown and Health Secretary Alan Johnson on 10 March 2009.

The Prime Minister's Commission on the Future of Nursing and Midwifery will build on the existing work identified in Lord Darzi's report *High Quality Care for All* and consider how nurses can further improve safety, champion high quality patient care and give nurses and midwives more freedom to manage, commission and run their own services. All branches of nursing and midwifery will be considered including health visitors, mental health and learning disability nurses and paediatric nurses.

These leading experts in the field of nursing will:

- Identify the skills and support that frontline nurses and midwives need to take a central role in delivering 21st century health services for patients
- Consider how to build on these expanding roles, including giving nurses and midwives more freedom to manage and run their own services
- Work together with the profession, patients and the public to advise on how nurses can contribute to the implementation of Lord Darzi's vision to improve the safety and quality of patient care.

The Nursing Commission will report to the Prime Minister by March 2010.

Boost for Positive Practice Environments Campaign

Uganda, Zambia and Morocco have been announced as the sites for new projects established under the Positive Practice Environments Campaign.

In a further boost to the project, Taiwan will also participate through a self-funded project.

The development of these national projects is the latest milestone in the global campaign to ensure high-quality health care workplaces worldwide. A national coordinator, national Steering Committee and researcher will be appointed in each case.

The campaign, **Quality Workplaces for Quality Care**, is spearheaded by the health professions including the International Council of Nurses, International Pharmaceutical Federation, World Confederation for Physical Therapy, World Dental Federation and World Medical Association together with the International Hospital Federation.

With the support of the Global Health Workforce Alliance, the multiyear, multi-stakeholder campaign promotes safe, cost-effective and healthy workplaces, thereby strengthening health systems and improving patient safety.

The PPE campaign is a country and facility-centred initiative focusing on all health care settings. It aims to improve the quality of health services by raising awareness, identifying good practice and developing tools for managers and health professionals in the field. The campaign is open to all countries, settings, health organisations and health disciplines. In addition to the projects recently announced, national and local initiatives will be encouraged and supported so that priority needs are met.

The five year campaign aims to

- Raise the awareness and understanding of the positive impact of health and supportive work environments on the recruitment and retention of health professionals, patient outcomes and health sector productivity.
- Apply and establish the principles of positive practice environments in health sector workplace design and management practices.
- Provide a global platform to share information and good practices in relation to healthy and supportive workplaces and their characteristics.

- Promote the sustained development of positive practice environments throughout the health sector.
- Recognise positive practice environments that have been developed and maintained.

As part of this next project phase, a new website is being developed to support the PPE campaign. Until then, the ICHRN has a range of campaign tools and resources available for download at www.ichrn.org.

To receive regular project updates, sign up to receive the PPE newsletter at ppe@icn.ch

Recruitment and retention in Malta

The Malta Union of Midwives and Nurses (MUMN) together with the Maltese health authorities have developed a strategy for recruitment and retention of the nursing and midwifery workforce.

MUMN successfully negotiated key strategies which are planned for implementation in the 2009 scholastic year, including increased annual student intakes for nursing and midwifery courses and the reduction in the duration of Diploma and degree level courses from 4 to 3 years, provided that the course level continues to meet European Union directives.

A further proposal for the Department of Health to support nursing students by providing them a minimum wage throughout their course and a 3 year contract upon qualification was not accepted.

Japanese nurses tackle workloads

The Japanese Nurses Association (JNA) has conducted a major survey on overtime and workload. The survey follows the deaths of two young nurses attributed to overwork.

They found that one in 23 nurses worked over 60 hours of overtime per month, and that more than half were not able to take sufficient rest breaks during their consecutive 16 hour shifts.

The JNA has established new projects aiming to improve workload management and decrease the burden of long shifts and overtime.

Other news in brief

New ICN President & Board

Rosemary Bryant, a highly regarded nurse leader in Australia and internationally, has been elected as the 26th President of the International Council of Nurses (ICN). She follows Dr Hiroko Minami who served as ICN President from 2005-2009.

Ms Bryant, the Chief Nurse and Midwifery Officer for Australia and former Executive Director of the Royal College of Nursing, Australia, has a broad range of experience in acute hospital and community nursing, as well as in government relations and numerous executive positions.

The Council of National Representatives (CNR), the governing body of ICN, also elected a new ICN Board, composed of 14 members who will serve a four-year term.

WHO regional committees consider the Code of practice on international recruitment of health personnel

The World Health Organisation's (WHO) draft global code of practice on the international recruitment of health personnel sets out principles and encourages members to set voluntary standards that balance the interests of health personnel, source countries and destination countries, with a particular emphasis on mitigating any negative effects of health worker migration on countries experiencing a health workforce crisis.

The draft code was presented to WHO's Executive Board in January 2009, and is now being considered by WHO Regional Committees. Their feedback will contribute to the further development of the draft, with a view to its finalisation in 2010. Further information about the Code, and a copy of the draft considered by the WHO Executive in January, is available at www.who.int/gb/ebwha/pdf_files/EB124/B124_13-en.pdf.

Retention of rural health workers

WHO is leading a programme to support countries in tackling rural health workforce retention and improve distribution. The work programme will review and evaluate past and ongoing strategies, with a view to developing policy recommendations and guidelines, supported by country case studies.

Further information: www.who.int/hrh/migration/flyer.retention.pdf

New UN Agency for Women

The International Council of Nurses (ICN) welcomes and applauds the UN General Assembly's unanimous decision to create a new United Nations (UN) agency for women, mandated to vigorously strengthen UN work on gender equality and women's empowerment and giving Secretary-General Ban Ki-Moon authority to immediately appoint an Under Secretary-General to lead it. The decision comes after three years of negotiations following the strong recommendation from the UN High Level Coherence Panel delivered to the Secretary General in 2006.

The Resolution and other related statements can be accessed at www.icn.ch/waa.htm.

Europe-wide agreement on sharps

The European Federation of Public Service Unions has signed an agreement with the European Hospital and Healthcare Employers Association to prevent injuries from needlesticks and other sharp objects.

It covers workers employed on a temporary, fixed term or permanent basis as well as students undertaking clinical training. The agreement allows for Europe-wide measures to tackle the issue of injuries from sharps in hospitals

Further information: www.epsu.org/a/5500

Canadian Nursing Innovations Exchange

The Canadian Nurses Association has developed a Nursing Innovations Exchange in response to the challenges nurses are facing in delivering high quality care in a system under increasing staffing and economic pressure. The Nursing Innovations Exchange is an electronic interactive forum on the CNA website where nurses can share what they are doing to make the most effective use of the skills and expertise of nurses and nurse educators to address the nursing shortage. It is also meant for anyone interested in improving the health care system and learning about innovative practices implemented by nurses.

Further information: www.cna-nurses.ca/cna/nursing/innovations/default_e.aspx

Research briefs

Working in health: financing and managing the public sector workforce,

Vujicic M, Ohiri K, Sparkes S (2009) World Bank go.worldbank.org/PU86PVIEU0/

The Capacity Project Legacy Series and Final Report

The Final Report and Legacy Series present results and lessons learned from the Project's work. Publications available in the series include:

Planning, Developing and Supporting the Health Workforce: Results and Lessons Learned from the Capacity Project, 2004-2009

www.capacityproject.org/images/stories/capacity_project_final_report.pdf

Knowledge Management and Human Resources for Health: Using Quality Information to Make Better Decisions

www.capacityproject.org/images/stories/files/legacyseries_2.pdf

The Impact of Human Resources Information Systems (HRIS) Strengthening

www.capacityproject.org/images/stories/files/legacyseries_6.pdf

Tested solutions for eliminating Canada's registered nursing shortage

Canadian Nurses Association (2009)

www.cnanurses.ca/CNA/news/releases/public_release_e.aspx?id=249

Past imperfect, future tense: Nurses' Employment and Morale in 2009

Ball J & Pike G (2009), Employment Research Ltd, Royal College of Nursing

www.rcn.org.uk

Difficult Times, Difficult Choices. UK Nursing Labour Market Review 2009

Buchan J, Seccombe I (2009)

www.rcn.org.uk

Announcements

4th AAAH Conference: *Getting committed health workers to underserved areas: a challenge for health systems*

Location: Hanoi

Date(s): 23-25 November 2009

Event Organiser: Asia Pacific Alliance on Human Resources for Health, Ministry of Health, Vietnam & WHO

URL (if known): www.aaahrh.org/4th_conf_2009/call_for_paper.pdf

8th European Regional Conference of the Commonwealth Nursing Federation.

Location: Cyprus

Dates: 12-13 March 2010

Event Organiser: Cyprus Nurses and Midwives Association, Royal College of Nursing, Malta Union of Midwives and Nurses

URL: www.mumn.org/InternationalConferences.aspx

2nd World Health Professions Conference on Regulation (WHPCR), *Shaping the future of health professionals' regulation*,

Location: Geneva, Switzerland

Dates: 18-19 February 2010

URL: www.whpa.org/whpccr2010

Geneva Health Forum 2010: *Globalization, Crisis and Health Systems: Confronting Regional Perspectives*

Location: Geneva, Switzerland

Dates: 19– 21 April 2010

URL: www.ghf10.org

International Council of Nurses Triad Meetings (CNOs, regulators, NNAs)

Location: Geneva, Switzerland

Dates: 14– 15 May 2010

International Conference on Research in Human Resources for Health

Location: Rio de Janeiro, Brazil

Dates: 9 – 11 June 2010

URL: www.obsnetims.org.br/ver_evento.asp?id=64

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The International Centre for Human Resources in Nursing was established in 2006 by the International Council of Nurses (ICN) and its premier foundation the Florence Nightingale International Foundation (FNIF). The Centre is dedicated to strengthening the nursing workforce globally through the development, ongoing monitoring and dissemination of comprehensive information and tools on nursing human resources policy, management, research and practice.



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