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Table 1 Content analysis of reported incidents at psychiatric hospitals from 1987 to 2005

Categories of violation types	Number of hospitals	Number of public hospitals (%)
Fraudulent claims of medical expenses	20	2 (10.0%)
Illegal seclusion and restraint	15	3 (20.0%)
Overstatement of staff	15	
Falsification of or inadequacy in medical records	14	3 (21,4%)
Isolation from the outside world	10	2 (20.0%)
Assault	8	
Unethical care	8	2 (25.0%)
Swindling money from patients	8	
Illegal admission procedures	7	1 (14.3%)
Unnecessary hospitalization	7	1 (14.3%)
Uncompensated labor	7	1 (14.3%)
Overcapacity	4	1 (25.0%)
Medical care by unqualified staff	3	
Other	7	
Total	39	4 (10.3%)

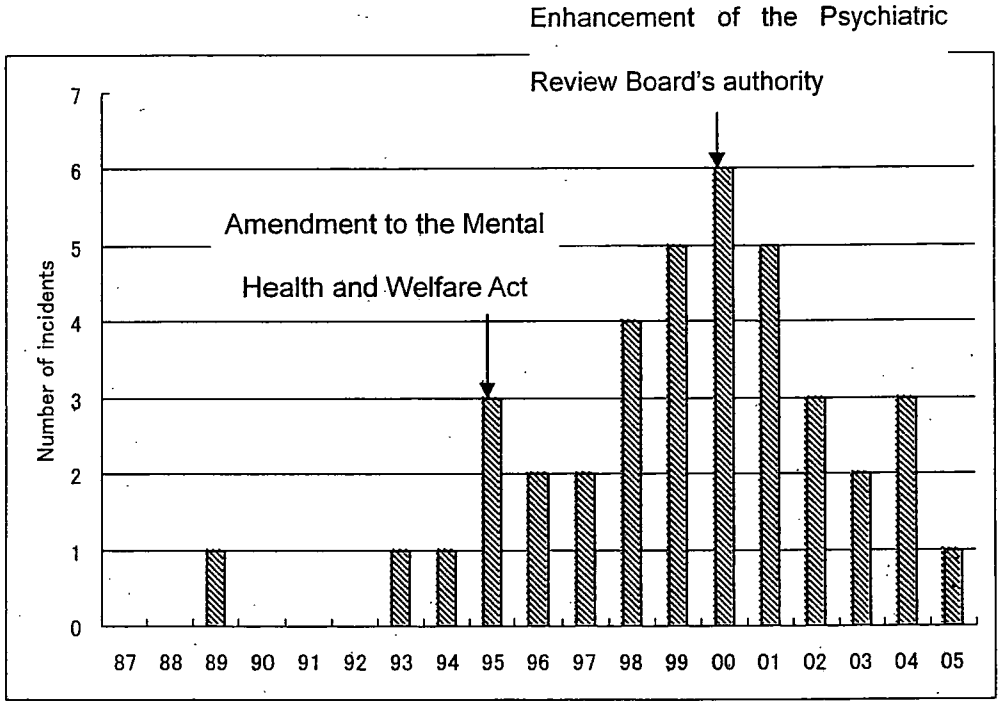

Figure 1 Annual number of reported incidents

The process of whistleblowing in the nursing staff of a Japanese psychiatric hospital: From the viewpoint of the whistleblowers

(The process of whistleblowing.)

key words: whistleblowing, psychiatric hospital, wrongdoing, interview

The process of whistleblowing in the nursing staff of a Japanese psychiatric hospital: From the viewpoint of the whistleblowers

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ABSTRACT

This study aims to unveil the process of whistleblowing. Two nursing staff members who worked in a psychiatric hospital convicted of large-scale wrongdoing were interviewed. Data was analyzed with the modified grounded theory approach.

Analysis of the interviews demonstrated that they did not decide to blow the whistle even when they had a suspicion, or awareness of wrongdoing. They continued to work driven by appreciation, affection, and duty. The decision to blow the whistle was ultimately motivated by firm conviction.

Shortly after whistleblowing, wavering emotions were observed, they consisted of a guilty conscience, fear of retribution, and pride, which subsequently transformed to stable emotions containing of a sense of relief and regret for delayed action.

It is necessary for nurses to recognize their professional responsibility is primarily to patients, not to organizations. Nurses should also have professional judgment for appropriate allegiance and actions.

Introduction

Whistleblowing has been regarded as a professional responsibility for nurses, but few take action, and almost all of the whistleblowers are anonymous. Whistleblowers often regard themselves as traitors, though it is said that "the general public today regards whistleblowers as heroes and not as traitors."[1] They also may be afraid of retaliation. In many cases their feelings and level of recognition often stay unknown. The purpose of this study is to demonstrate the process of whistleblowing through interviews of the nursing staff who worked at a Japanese psychiatric hospital, and blew the whistle.

View of whistleblowing

Whistleblowing is discussed not only in healthcare ethics but also in business ethics. It is defined as "the disclosure by organization members (former or current) of illegal, immoral, or illegitimate practices under the control of their employers, to persons or organizations that may be able to effect their action".[2] It includes two types: internal whistleblowing, often thought of as reporting, and external whistleblowing; specifically, public disclosure by a person with inside information, often through the media.[3] Furthermore, a whistleblower is "one who identifies an incompetent, unethical, or illegal situation in the workplace and reports it to someone who may have the power to stop the wrong".[4]

Whistleblowing is now recognized as an act of advocacy, which is a designated role of nurses. To blow the whistle on observed wrongdoings in order to safeguard patients qualifies as ethical behavior.[3,5] The International Council of Nurses (ICN) Code of Ethics states that "The nurse takes appropriate action to safeguard individuals, families and communities when their health is endangered by a co-worker or any other person".[6] Hence, nurses should prioritize their duty to patients over their duty to employers as a general professional ethic. Whistleblowing should be included in 'appropriate actions'.

In many cases, however, "whistleblowing and whistleblowers are not always viewed favorably,"[7] and "whistleblowing remains generally regarded as a pariah activity."[8] As a matter of reality, whistleblowers often suffer from unfair dismissal or reassignment, both in Japan as well as in the West.[5, 9-12]

Background of Japanese psychiatric hospitals

Numerous scandals involving psychiatric hospitals have occurred in Japan. In many cases vulnerable patients have had their human rights violated, and in some instances have lost their lives.[13-14] Behind these scandals, there are several characteristics of psychiatric care which are unique to the Japanese system. First, psychiatric beds in Japan are approximately 4.9 times per capita greater than those in UK.[15] Social rehabilitation facilities being insufficient, the average length of stay for patients is very long, averaging 373.9 days.[16] These facts indicate that many patients are unnecessarily hospitalized for

inappropriately long periods, and as a result are deprived of social skills. Second, approximately 90% of psychiatric hospitals are private, some of them for-profit. Hospitals are not fined if they do not meet the minimum requirement of medical staff, resulting in a situation where the patients are poorly cared for by extremely few doctors and nurses in some psychiatric hospitals.

Some of the large-scale scandals have often been disclosed by whistleblowers.[17] Outside people, including patients, rarely know the full extent of what is done, and as a result rarely discover wrongdoings in the field of medical care, especially in psychiatric hospitals. In these cases, the patients did know how disastrously they were treated, but they had no way to contact the outside. As wrongdoings were committed intentionally by the organizations, internal whistleblowing was ineffective.

Methods

Subjects

Two nursing staff of a psychiatric hospital were interviewed in September to October of 2004 after blowing the whistle to the media over procedures at a hospital at which they were employed.

Facts concerning the hospital

The hospital was privately owned, with psychiatric and geriatric wards. It was extremely understaffed; only 30% of doctors and 10% of nurses registered to be on staff to the authorities actually existed. One of the doctors was a gynecologist, another had dementia, and another was on medication for a psychiatric disease. Examples of the poor care provided included all patients of the same age being prescribed the same medication without examination. The hospital director was also the owner, had strong power within the hospital, and gave many directions to the employees on the basis of profit. The medical system in Japan is not based on DRG, more examinations and more treatments generate higher profits, so the organization submitted fraudulent claims for medical expenses, and medical records were falsified in an effort to increase profitability. *

* Some of these facts were reported by subjects, the others were reported in newspapers, but they were not cited in order to avoid identifying the hospital.

Subject history

The two subjects were female, one in her 40s and another in her 50s (exact ages are not disclosed for reasons of confidentiality). One worked as a licensed practical nurse and the other as a nurse's aide.

The licensed practical nurse had more than 20 years of work experience, but had never worked in either psychiatric or geriatric wards. After she had been bereaved of her husband, she moved, and began to work at the nearest hospital; it was the hospital in

question. She was unfamiliar with the reputation of the hospital. She encountered difficulties in her work for the hospital and wanted to resign soon after commencing the job. The hospital director offered her an alternative job in medical coding, where she worked for several years before also serving on a ward.

The nurse's aide had been previously employed in a private company in her younger days, but with no hospital or medical experience. She was a housewife, when she was asked to help work with a neighbor employed by the hospital. Upon entering the field, she started with a subordinate job and subsequently garnered nursing experience including checking medical records and prescriptions. Over time, she assumed leadership of other nurses who were considerably aged, but with deficient knowledge and skills in nursing to her.

Both blew the whistle after quitting their jobs.

Data Collection

Two authors (K.O. and Y.H.) administered semi-structured interviews to the individual subjects in private situations. Subjects were asked "what was your job in the hospital," "how did you feel about your work," "what did you feel and think when you recognized wrongdoings," "what did you do when you recognized wrongdoings," and "what do you think you should have done retrospectively." Subjects were informed that the interview did not aim to disclose any wrongdoing, but only to discuss their past and

current feelings and thoughts on the process. Each interview lasted three hours.

Method of Analysis

This qualitative study was designed using the Modified Grounded Theory approach.[18]

Interviews were electronically recorded with the consent of subjects and transcribed in full. In the transcript, the feelings and thoughts of subjects were coded as conceptual labels, also known as open coding. Next, these were categorized chronologically by meaning and schematized among categories of relationships in a process of selective coding. The analysis was conducted by one author (K.O.) and supervised by another authors (A.A. and S.K.).

After the fact, the hospital received administrative punishment while the hospital director was penalized criminally. Due to confidentiality issues related to this trial, any information that may identify subjects and/or the hospital remains undisclosed in this study.

Ethical Consideration

Subjects were informed of the purpose, methods, and publication of this study. The participants' rights were also explained, including the fact that they could withdraw from participation at any time without suffering from any type of penalty. We obtained written

informed consent from each participant. The protocol of this study was approved by the ethics review committee of Hirosaki University which the first author had previously been on staff.

Results

Six categories and 16 subcategories were derived from collected data (see Table 1). Categories and subcategories are indicated by Italics.

Progression to Whistleblow

Analysis of the interviews demonstrated three chronological phases which evolved during the whistleblowing process: *suspicion of wrongdoing*, *awareness of wrongdoing* and *conviction of wrongdoing* (see Figure 1). In contrast, there was a *driving force to continue to work* which impeded whistleblowing: *appreciation*, *affection,* and *duty*.

Suspicion of wrongdoing

In the initial phase of their work, the subjects felt *surprise*, *dubiousness*, *indignation*, and *sympathy for patients*. They construct *suspicion of wrongdoing*.

One interviewee was shocked on her first day in the hospital. She stated,

> The first job I had was discarding intravenous fluids into a sink. I was surprised, and said to the nurse, 'Oh, why? Are such things done commonly in hospitals?'

The nurses replied, 'Don't say such a thing!' We poured out about 120 bottlels of intravenous fluids everyday.

The fluids were meant to be administered to patients, and patients were surely charged for them. She accepted the nurse's explanation that the disposal of intravenous fluids is a common practice in healthcare among many hospitals. Another statement was that "To my surprise, when a patient in an acute stage was admitted, nursing staff tied his hands and legs, and beat him." These statements were conceptualized into *surprise*.

Study participants continuously questioned the matters which occurred in the hospital: *dubiousness*. "When I saw the patients forced to do dangerous jobs, breaking bottles of fluids for waste disposal, I wondered what it meant." And "I wonder why patients were charged for medical supplies such as catheters and syringes." They are actually covered by government insurance in Japan. Numerous discrepancies in medical records and patients who attempted suicide by jumping off the building further enhanced suspicion towards the institution.

They were further incensed by the incompetent doctors and careless nurses. One doctor was always scolded by nurses because of incontinence, another was sleeping almost all day long. The nurses often administered an ordered dose of insulin twice, as they didn't check whether insulin had been previously administered or not. The interviewees thought "How irresponsible!", or "Do they deserve to be doctors?" These statements indicate *indignation*.

On the other hand, the interviewees developed deep *sympathy for patients* who could not be discharged. This is shown in the statements; "A patient who had been admitted for killing one of his parents stayed for tens of years. He could not be discharged, but he is sane, absolutely sane! He relied on old photographs for nostalgia." "When a nurse aide gave meals to five patients [who could not eat by themselves], she used only one spoon. So I said to her, 'Don't do that! How would you feel if you are given a meal in such a way? I myself would not wish to."

Awareness of wrongdoing

Next, an *awareness of wrongdoing* developed. A subject was aware of wrongdoing in wearing a name tag that did not belong to her for audits and in writing irresponsible notes on blank medical records. She said, "I was aware what I did was wrong." Malpractice and poor judgment of physicians that endangered the lives of patients were also frequently observed. "I heard that a patient suffering from ileus had enemas one after another. I heard he could not be saved. The assessment of the doctor was fundamentally wrong. It might as well be a murder." The subject was aware of medical error.

Driving force to continue to work

Despite this, participants continued to work due to their sense of *appreciation*,

affection and *sense of duty*. One subject said, "The hospital director told me to recognize that I was doing everything right. I thought it was worthwhile to work." And "One day, I wanted to quit my job because of stress, and said so to the director. He gave me an extra 500 thousand yen (about four thousand dollars)." They were depended upon by colleagues, and felt that things could not be done well without them. They enjoyed superiority, as revealed by the statement "Every colleague relied on me, because the hospital director never got angry at me." They felt competent in consistently pointing out colleagues' mistakes and took extra shifts even on off days. They received *appreciation* not only from the hospital director, but also from colleagues, which propelled them to continue working despite their suspicions or awareness of wrongdoing.

Affection towards colleagues as well as for patients also contributed to a reluctance to whistleblow. "I liked them [the fellow elderly nurses]. They were well-tempered. I could continue to work because I enjoyed it." They made efforts to communicate with the patients, and brought hand-made cakes to bring patients joy and happiness. A participant said, "The patients also looked forward to my visit."

Furthermore, a *sense of duty* permeated the subjects' conscience. Subjects did their best and "believed my responsibility was to complete whatever I was ordered to do perfectly." One even finished her job at home if she lacked sufficient time at work, because as she said, "It's what I have to do." Subjects were also "ordered to keep secrets by the hospital director," because they had to protect confidentiality.

The entire hospital organization, including the top-ranked director, was involved in multiple willful wrongdoings. Even as the subjects' suspicion and awareness grew, it was entirely ineffective to confess this to their supervisors. Despite being cognizant of wrongdoings that endangered patients' lives, they did not blow the whistle.

Firm conviction

A last straw was needed for whistleblowing: *firm conviction*. Three subcategories of *conviction of wrongdoing*, *anger*, and *fear of complicity* were observed in this category.

One day a patient was transferred from a different hospital with a bladder catheter. The licensed practical nurse found the diagnosis of a 12-day history of bladder inflammation and a prescription for antibiotics in his medical records. Upon asking her director for the reason behind this misdiagnosis, she was told that she should understand the reason implicitly: the antibiotic prescription generates profits. She had prevented inflammation of the bladder by making the patient drink abundant fluids, and was proud of that nursing skill. "Bladder inflammation was not serious for the patient at all, but it was a big problem for me," said she. She was convinced that "It [prescribing antibiotic to the patient] was absolutely wrong."

The other subject recognized and permitted medical malpractice because she was repeatedly told that this was a common practice among hospitals. One day, she delivered documents to a social insurance office with a younger staff member. As the younger staff