

## INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

**The quality of this reproduction is dependent upon the quality of the copy submitted.** Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

# UMI

A Bell & Howell Information Company  
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA  
313/761-4700 800/521-0600



**Order Number 9507641**

**An interpersonal analysis of whistleblowing**

**King, Granville, III, Ph.D.**

**Indiana University, 1994**

**Copyright ©1994 by King, Granville, III. All rights reserved.**

**U·M·I**

300 N. Zeeb Rd.  
Ann Arbor, MI 48106



**AN INTERPERSONAL ANALYSIS OF WHISTLEBLOWING**


**Granville King, III**

**Submitted to the faculty of the University Graduate School  
in partial fulfillment of the requirements  
for the degree  
Doctor of Philosophy  
in the Department of Speech Communication**

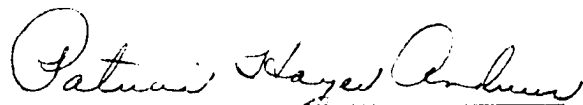
**Indiana University**

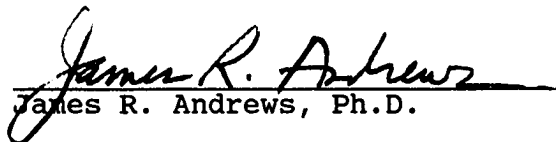
**July 1994**

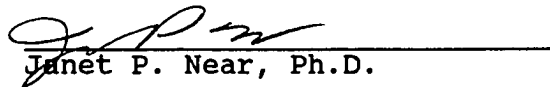
Accepted by the Graduate Faculty, Indiana University,  
in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy.

  
Joseph W. Scudder, Ph.D., Chair

Doctoral  
Committee

  
Patricia Hayes Andrews, Ph.D.

  
James R. Andrews, Ph.D.

  
Janet P. Near, Ph.D.

July 14, 1994

© 1994

Granville King, III

ALL RIGHTS RESERVED

iii

This book is dedicated to my family  
Granville King, Jr., Mary Ellen Cottom King, Sandra Lou King,  
and to  
GOD  
for through him all things are possible.



## ACKNOWLEDGEMENTS

There are several people that I would like to thank for helping me complete this project. I would first like to thank my dissertation chairman, Dr. Joseph N. Scudder for his continuous support, leadership, and trust in my ability as a student. I would also like to thank the other members of my committee, Dr. Patricia H. Andrews, Dr. Janet P. Near, and Dr. James R. Andrews for their support and guidance throughout my years here at Indiana University.

I would like to thank my parents, sister, relatives, and close friends who continuously prayed for me during these past years. Your love will always be remembered.

Finally, I would like to thank my God and savior Jesus Christ who gave me the strength and will to complete this project. My parents taught me at a very early age to believe in the power of prayer. Today, my Father and friend answered my prayers.

## ABSTRACT

Granville King, III

### AN INTERPERSONAL ANALYSIS OF WHISTLEBLOWING


Whistleblowing has become a common term used to describe the act of reporting unethical behavior within an organization. Several studies have examined variables that may influence the act of whistleblowing. The purpose of this study was to expand the literature on whistleblowing by examining interpersonal closeness and issue seriousness in regards to disclosing a wrongdoing.

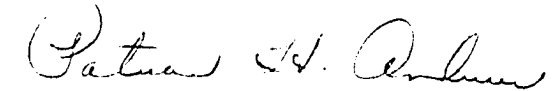
Registered nurses at three different hospitals volunteered to participate in this study. It was hypothesized that the perceived severity of the wrongdoing to the patient would be related to the likelihood of reporting a wrongdoing through the proper channels. It was also hypothesized that the closeness between an observer and a wrongdoer would be related to the likelihood of reporting a wrongdoing through the proper channels.

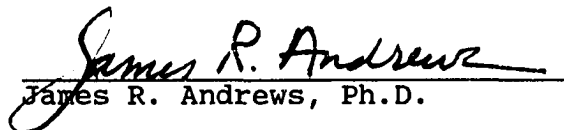
Four hypothetical scenarios were constructed with the assistance of registered nurses. Characters within the scenarios were operationalized as either close or not-close friends. The severity of the wrongdoing to the patient was operationalized as either low severity (i.e., nurse forgetting to wash his/her hands between patient visits), or high severity (i.e., injecting a patient with the wrong

medication). Within each scenario, nurses were told the wrongdoing could be reported to the immediate supervisor(s), other nurses, or administration.

Due to the low response rate obtained in the first study, results were found to be nonsignificant across both conditions of closeness and severity; likewise, the second study indicated only certain whistleblowing statements to be significant. A third study, however, indicated significance across conditions of closeness and severity. Results found that the more severe the wrongdoing, the more likely the incident will be reported through the proper channels. The second hypothesis was also supported. Results indicated that respondents were less likely to report a close friend who had committed a wrongdoing to a supervisor.

  
Joseph N. Scudder, Ph.D., Chair

  
Patricia H. Andrews, Ph.D.

  
James R. Andrews, Ph.D.

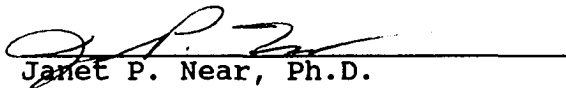
  
Janet P. Near, Ph.D.

TABLE OF CONTENTS

CHAPTER ONE:  
INTRODUCTION ..... 1

    Relevant Research  
    Interpersonal Issues  
    The Hypotheses

CHAPTER TWO:  
PILOT STUDY ..... 23

    The Hospital  
    The Scenarios  
    Development & Refinement of the Whistleblowing  
        Scenarios  
    Variables  
    Validation of Scenarios  
    Scenarios  
    Results  
    Discussion  
    Summary

CHAPTER THREE:  
HOSPITAL SCENARIO STUDY II ..... 52

    The Hospital  
    Refinement of Measures  
    Results  
    Discussion  
    Summary

CHAPTER FOUR:  
HOSPITAL SCENARIO STUDY III ..... 84

    The Hospital  
    Refinement of Measures  
    Revised Scenarios  
    Results  
    Discussion  
    Summary

CHAPTER FIVE:  
SUMMARY AND CONCLUSIONS ..... 119

APPENDIX A: Honesty Scale ..... 140

APPENDIX B: Nurses' Perceptions Of Whistleblowing I ... 151

**TABLE OF CONTENTS**

(Continued)

APPENDIX C: Nurses' Perceptions Of Whistleblowing II ...	175
APPENDIX D: Pilot Study .....	186
APPENDIX E: Hospital Scenario Study II .....	206
APPENDIX F: Hospital Scenario Study III .....	220
BIBLIOGRAPHY .....	231
Vita	

## Preface

The purpose of this study was to examine conditions that may affect the reporting of a wrongdoing. Due to the complications and numerous revisions that occurred throughout this study, various sections of the survey were placed within the appendix. Each section is provided with a brief discussion followed by the results and the frequency of responses.

## CHAPTER ONE

Hardly a week passes when the media does not report a case of whistleblowing (Miceli, Near, & Schwenk, 1991). Whistleblowing is new to our glossary of terms associated with ethics (Bok, 1980) and organizational behavior. In the past, terms such as snitch, tattle-taler, squealer, muckraker, stool pigeon, and informer (Levine & Groh, 1990a) were associated with individuals who disclosed unlawful activities within their organization. Today, the term whistleblower is associated with individuals who "... sound an alarm from within the very organization in which they work, aiming to spotlight neglect or abuses that threaten the public interests" (Bok, 1980, p. 277).

Although studies have primarily examined whistleblowing from an organizational behavior perspective, the process of revealing a wrongdoing is a communication phenomenon. Stewart (1990), for example, notes that one central factor in examining the act of whistleblowing is the transmission of information up the organizational hierarchy. Stewart explains that an open communication channel between a superior and subordinate could alleviate the potential for whistleblowing. That is, employees who trust their superiors are more likely to demonstrate more upward communication regarding problems in contrast to their colleagues (Near & Miceli, 1985).

Recent studies (Fiesta, 1990a, 1990b; Fry, 1989; Haddad & Dougherty, 1991; Hancock, 1991; Israel & Lechner, 1989; Sturch, 1991; Tadd, 1991; Tharp & Mattingly, 1991) have expanded the literature on whistleblowing by examining the health care industry. These articles focus upon the ethics of whistleblowing among professional nurses and physicians, legal issues, the consequences of reporting a colleague, and the procedures for disclosing a wrongful act. Empirical research, however, examining whistleblowing among nurses and physicians is either scarce or nonexistent. The present study expands this whistleblowing research by empirically examining nurses' perceptions in the health care context.

This chapter is divided into three sections. The first section is a review of whistleblowing research that is relevant to this study. It defines the term whistleblowing, the difference between whistleblowing and revealing a wrongdoing, and the role ethics and morality perform in the decision to reveal a wrongdoing. Section two addresses the interpersonal issues of whistleblowing. It defines interpersonal closeness and its link to whistleblowing. Also, the issues of loyalty and conformity in regards to whistleblowing are discussed. The final section provides the hypotheses that are being tested in this study.



## RELEVANT RESEARCH

### Defining Whistleblowing

Whistleblowing has been defined in various ways (Bok, 1980; Brabeck, 1984; Guy, 1990; James, 1984; Mathews, 1988; Near & Miceli, 1985; Perry, 1990). Bok (1980), for example, defines whistleblowing as a disagreement with upper management regarding an accepted practice. Mathews defines whistleblowing as the "act of a man or woman who believes that the public interest overrides the interest of the organization he or she serves" (Guy, 1990, p. 141). Perry (1990) views whistleblowing as the "disclosure by individuals or groups claimed to be illegal, immoral or illegitimate" (p. 11). Brabeck (1984) perceives whistleblowing as a "figurative phrase that refers to the act of speaking out about wrongdoing" (p. 42). James (1984) describes whistleblowing as the attempt by an employee or former employee of an organization to disclose what he or she believes to be wrongdoing in or by the organization" (p. 11). Nader et al. (1972) define whistleblowing as:

The act of a man or woman who, believing that the public interest overrides the interest of the organization he [sic] serves, publicly "blows the whistle" if the organization is involved in corrupt, illegal, fraudulent, or harmful activity (p. vii).

Surveying the above definitions of whistleblowing, certain commonalities appear to be prevalent. First, the public interest is at work (Guy, 1990). Second, those without power report the problem to an agent that may be able to change the situation. Differences exist, however, about the public nature of the disclosure. There is little consensus about the composition of the audience, whether it be one or many as long as the recipient(s) of the complaint has some capability to correct the situation. More wide ranging revelations may not be necessary if corrective action is taken to protect the public's interests. Yet, if the problem is not corrected, a more public forum may be necessary to bring forces to bear on a non-responsive management or administration. The focus of this project will be on the revelation of wrongdoing in the public's interest.

Finally, Near and Miceli's (1985) definition of whistleblowing encompasses similar components of the previously mentioned researchers. According to Near and Miceli, whistleblowing is:

The disclosure by organizational 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 action (p. 4).

Near and Miceli note whistleblowers lack power to make changes within the organization. The whistleblower must appeal to a higher authority within the organization to effect change. Finally, numerous other researchers (Glazer & Glazer, 1989; James, 1983, 1990; Jensen, 1987; Keenan, 1988; Stewart, 1990) have also defined whistleblowing along these same lines.

Near and Miceli's (1985) definition of whistleblowing provides several significant factors that the other definitions fail to include. First, Near and Miceli note that whistleblowers may be current or former employees of the organization. Depending upon various factors such as retaliation, organizational support, power of the reformer, et cetera, a whistleblower may exit the organization (either voluntarily or involuntarily) and blow the whistle, or remain within the organization after disclosure.

Second, the act must be characterized as either illegal, immoral or illegitimate in order to be considered a wrongdoing. According to Miceli and Near (1992), responses to events that are not considered wrongful do not constitute whistleblowing. A triggering event (i.e., illegal, immoral, or illegitimate wrongdoing) constitutes the beginning of whistleblowing. "The triggering event is an activity that is considered wrongful, rather than simply an acceptable but not optimal organizational activity" (p. 17). According to Miceli and Near (1992), organizational members must perceive

the wrongfulness or intentionality of the wrongdoer and determine whether their actions will eliminate the wrongdoing before it constitutes whistleblowing.

Finally, Near and Miceli (1985) conclude their definition by noting that the wrongdoing must be disclosed to individuals or agencies that may be able to eliminate the activity. That is, the wrongdoing must be disclosed to the employee's immediate supervisor, upper management, or agencies external to the organization who may be able to effect change.

Numerous whistleblowing cases use the term wrongdoing when referring to the reporting of an illegal act. Reporting a wrongdoing and whistleblowing, however, are two separate issues. For example, if an event is considered illegal, immoral, or illegitimate, an individual may confront the wrongdoer regarding the incident and demand the act be terminated. Or, the employee may induce some form of political action, such as informing the wrongdoer's co-workers (i.e., peer reporting) of the illegal act in an attempt to persuade the wrongdoer to cease the act before upper management is informed (Miceli & Near, 1992). In any of these cases, whistleblowing has not occurred because the illegal act was not reported to a higher official within the organization. On the other hand, in circumstances where the wrongdoer is a higher official, the observer of the wrongdoing could report the incident to other members of

upper management (i.e., whistleblowing) who could eliminate the unlawful act. This form of protest may be accompanied by the exiting of the wrongdoer and/or dissenter (Miceli & Near, 1992).

### Nature & Severity Of Wrongdoing

A key issue in whistleblowing studies is why some individuals within an organization choose to disclose an illegal act and others ignore the wrongdoing. Researchers (i.e., Miceli & Near, 1991) note that the decision to reveal an unlawful act depends upon the nature or type of wrongdoing. For example, Miceli and Near (1991) found that the severity of a wrongdoing is related to whistleblowing. That is, the more serious the wrongdoing, the more likely the incident will be reported.

Studies (Cerrato, 1988) have expanded issue seriousness and whistleblowing by examining the health care industry. Cerrato (1988), for example, found nurses may not report a wrongdoing because of the perceived low issue seriousness. For instance, a nurse commented "Her decision to report errors depends on the severity of the error and whether or not the person committing it is usually a good provider, or one who acts as though he doesn't care about patients" (Cerrato, 1988, p. 37). Another nurse reports, if the patient was not harmed, she or he would forget filing an incident report (Cerrato, 1988). Along these same lines, a

survey conducted in RN magazine found that numerous nurses decide whether to report a wrongdoing based upon the perceived severity of an incident. Therefore, the severity of the wrongdoing to the patient performs a vital role in whether or not a nurse discloses a wrongdoing.

Several other studies (Graham, 1986; Miceli & Near, 1992; Near & Miceli, 1985; Phares & Wilson, 1972) have also examined the importance of whistleblowing and issue seriousness. For example, Phares et al. (1972) examined issue seriousness and individual responsibility in regards to whistleblowing. Using scenarios, Phares et al. (1972) found that in cases where the wrongdoing was clearly evident, responsibility attribution greatly increased with the severity of the act (Phares et al. 1972).

Graham (1986) and Near and Miceli (1985) focused upon issue seriousness from an organizational perspective. According to Near and Miceli (1985), individuals who observe a serious illegal, immoral, or fraudulent activity occurring within an organization are more likely to reveal the wrongdoing. From an organizational perspective, the seriousness of a wrongdoing may be defined as "... the extent to which a particular wrongful act recurs, involves substantial financial consequences" (Miceli & Near, 1992, p. 138), and/or poses a potential danger to the public at large. Since this study is examining the reporting of wrongdoings within an organization, this paper will be

operating from Miceli and Near's definition of issue seriousness.

Graham (1986) also focused upon issue seriousness from an organizational perspective. According to Graham (1986), in measuring the severity of a wrongdoing, an individual must address three factors: "(1) objective characteristics of the situation; (2) the apparent assessment of others concerning issue seriousness; and (3) any individual tendency to exaggerate or minimize the severity of perceptual stimuli" (p. 38).

First, objective characteristics of the situation may be measured from a monetary perspective (Graham, 1986). An individual may assume that depending upon the situation and the circumstances, a person may feel comfortable in confronting someone regarding a minor infraction, but not a major issue. For instance, if an individual catches a colleague taking money from a coffee jar, she or he may inform the person that such an act is illegal and against company policy. If that same individual, however, is taking large amounts of money from payroll, then the observer may be apprehensive in approaching the thief. Graham (1986) notes that "Where an issue is assessable in terms of its monetary impact, issue seriousness increases with cost" (p. 38).

Second, issue seriousness is directly related to the certainty of negative outcomes and their timing (Graham,

1986). For example, Elliston (see Graham, 1986) notes under circumstances where the severity of a wrongdoing can be measured quantitatively, "the greater the issue's likely negative impact, the greater the perceived issue seriousness will be" (p. 38). That is, the frequency of a wrongdoing influences the perceived seriousness of an act.

Finally, an individual's perception of a wrongdoing also performs a key role in understanding issue seriousness. In some circumstances, the frequency of the wrongdoing functions as a prerequisite in whether or not an unlawful act is reported. For example, a problem that may pose serious health dangers to the public may need to occur only once before it is revealed (Graham, 1986). A less serious issue, however, such as stealing hospital bandages, may need to occur several times by an employee before it is reported. On the other hand, Graham (1986) notes:

A problem which occurs frequently may be perceived as less serious, due to the operation of pluralistic ignorance and audience inhibition. The observer might assume that a chronic problem must be familiar to many others, and, sensing no feeling of general concern, and not wanting to risk creating unnecessary alarm, the observer might conclude that the problem must be trivial (p. 38-30).



Therefore, depending upon the wrongdoing and the circumstances that surround it, a person may overlook the illegal activity and perceive the act as being accepted by the members of the organization. On the other hand, an individual may "exaggerate objective evidence" (Graham, 1986, p. 39) and report the wrongdoing, while others within the organization viewing that same activity may not perceive the act as wrongful.

### Personal Considerations

Research (Guy, 1990) has found dissenters are often faced personally with several difficult questions in deciding whether or not to disclose a wrongdoing. For example, should I report this person (whether it be a close friend or coworker) or not? Should I jeopardize my profession and my family's safety? Should I ignore my supervisor and immediately report it to higher officials? Suppose I am incorrect in my assumptions regarding the wrongdoing? How will I be approached after reporting this wrongdoing? What will my coworkers think of me? (Guy, 1990). Of these personal considerations, retaliation is a major concern for a potential whistleblower.

### Retaliation

Several research articles have been written specifically on the subject of why nurses fail to report

wrongdoings. One underlining issue is fear and retaliation by colleagues, supervisors, and upper management. For example, Beck and Buckley (1983) note:

Nurses are often reluctant to report colleagues, knowing it can mean the end of their career. Many hospitals, wary of publicity, are reticent about reporting abuses to state licensing boards. Instead, they simply fire the offending nurse, leaving them both uncured and free to seek nursing jobs elsewhere (p. 52).

Cerrato (1988) also noted that when a nurse was told to write down her complaints, she was ostracized by other nurses. "By the end nobody would eat with me, not one nurse would talk to me, and finally, I wound up injuring a patient because nobody would assist me when I asked" (p. 40).

Whether this form of retaliation is realistic or unfounded is besides the point. The nurses' perceptions of danger or risk to self is the factor that will influence action (Levine & Groh, 1990b, p. 71). Nurses who report organizational or individual wrongdoing perceive their action as providing upper management the opportunity to correct any harmful or injurious activity that may be present (Dozier & Miceli, 1985). Furthermore, nurses who report wrongdoings perceive they are following the

guidelines and rules prescribed by the nursing code of ethics.

### Ethics & Whistleblowing

Whistleblowing research has examined professionals (i.e., individuals with high pay and education) who disclose wrongdoings. Studies conducted by Miceli and Near (1992) found conflicting reports among professionals who choose to report wrongful acts. For example, individuals with professional status might be more likely to blow the whistle. Research, however, examining whistleblowing within the federal sector found that professionals are not necessarily more inclined to reveal a wrongdoing (Miceli & Near, 1992). Miceli and Near (1984) discovered that the perceived threat to career advancement affected the decision to reveal a wrongdoing. On the other hand, Jones and Pottmyer (see Miceli & Near, 1992) note that a whistleblower stated "I did what I did because I believe that the ethics of my profession demanded it" (p. 126). Therefore, occupational advancement may perform a central role within certain careers (i.e., government), but may function as a secondary choice in professions where individuals follow a code of ethics.

Researchers (Bok, 1980; Brabeck, 1984; Guy, 1990) have investigated the morality and ethics of whistleblowing. Guy (1990), for example, notes that ethics and morals are

synonymous terms; "They are interchangeable ...referring to ideals of character and conduct" (p. 5). In other words, the principles that undergird the issue of morality and ethics establish the criteria for determining the difference between right or wrong (Guy, 1990). Jensen (1987) notes that ethics is the "...human concern for the degree of rightness involved in making intentional and voluntary choices in conduct touching on such moral values as justice, goodness, truthfulness...." (p. 321-322). In other words, Jensen (1987) believes that ethics function as the foundation that aids in the structuring of an individual's moral values and belief system. Bok (1980) notes along these same lines that "Moral conflicts on several levels confront anyone who is wondering whether to speak out about abuses or risks or serious neglect" (p. 277). Thus, a person contemplating the decision to blow the whistle must struggle with the interests of the public, the responsibility she or he owes to colleagues and the organization (Bok, 1980), as well as his or her own moral and ethical beliefs.

In order to enhance our understanding of the morality and ethics of whistleblowing, Bok (1980) identified three key points: (1) dissent, (2) breach of loyalty, and (3) accusations. First, according to Bok (1980), dissent by whistleblowers is solely intended to benefit the public at large. The term dissent carries with it an obligation to

consider how the organization and its members will benefit and the possible cost of whistleblowing (Miceli & Near, 1992).

Researchers (Hacker, 1978; Jensen, 1987; Larmer, 1992) have also examined the issue of loyalty to the company as a potential factor that encourages whistleblowing. For example, Larmer (1992) notes that employees who blow the whistle may be displaying greater loyalty than an employee who ignores immoral conduct. The loyal employee may perceive his or her actions as benefiting the other person's best interests. Bok (1980) suggests, in addressing the issue of loyalty, that the potential whistleblower must examine if she or he has attempted to correct the problem before blowing the whistle. Bok (1980) notes that "Whistleblowing needs to remain a last alternative because of its destructive side effects: it must be chosen only when other alternatives have been considered and rejected" (p. 286).

Finally, the point of accusing (i.e., accusation) an individual of a serious act raises ethical concerns that a potential whistleblower must ponder. "Is the message one to which the public is entitled in the first place? Or, does it infringe on personal and private matters that one has no right to invade?" (Bok, 1980, p. 286). Even though whistleblowing is an expression of freedom of speech, it may not be morally justified in all situations (James, 1984).

What then constitutes justifiable whistleblowing?

DeGeorge (see James, 1984) notes that whistleblowing is justified when it is morally permissible and morally obligatory. According to DeGeorge, whistleblowing is morally permissible if:

- (a) The company must be engaged in a practice or about to release a product which does serious harm to individuals or to society in general. The more serious the harm, the more serious the obligation.
- (b) The employee should report his [sic] concern or complaint to his [sic] immediate supervisor.
- (c) If no appropriate action is taken, the employee should take the matter up the managerial line. Before he or she is obliged to go public, the resources for remedy within the company should be exhausted (James, 1984, p. 251).

On the other hand, in order for whistleblowing to be morally obligatory two conditions must be fulfilled:

- (d) The employee should have documentation of the practice or defect...Without adequate evidence his [sic] chances of being successful .... are slim.

- (e) The employee must have good reason to believe that by going public he [sic] will be able to bring about the necessary changes (James, 1984, p. 252).

Within the first three points, the dissenter must recognize a practice that he or she considers harmful to individuals within the organization and/or society, for example, internal organizational safety problems, or creating potential hazardous external conditions. Second, internal disclosure is required by the dissenter before resorting to divulging the wrongdoing to external sources. DeGeorge's last two points focus upon what is required by the dissenter before actually blowing the whistle.

### Summary

This section provided several definitions of the term whistleblowing. Distinctions were made between the reporting of a wrongdoing and whistleblowing. Finally, research examining the ethics and morality of whistleblowing was discussed. The following section examines the interpersonal issues of whistleblowing.

## INTERPERSONAL ISSUES

### Closeness

Close relationships develop between employees within organizations. These close relationships may develop in

part from similar or overlapping interests, role positions, and by various other means. Although research has not explored the issue, closeness between employees may be linked to whistleblowing. Reporting an individual may destroy any positive feelings that may exist. That is, reporting a close friend would likely foster the perception of disloyalty or betrayal, resulting in the loss of that friend.

The purpose of this section is to examine the issue of interpersonal closeness and whistleblowing. Three areas will be reviewed: defining close relationships, interpersonal closeness in relation to disclosing a wrongdoing, and loyalty and conformity in regards to reporting a wrongdoing.

#### Defining Close Relationships

Scholars have used terms such as "love, trust, commitment, caring, stability, attachment, one-ness, meaningful, and significant" (Berscheid, Snyder, & Omoto 1989, p. 65) to describe a close relationship. According to Berscheid et al. (1989), these terms are ambiguous in defining a close relationship.

Close relationships have also been defined in terms of "positive affective ties" (Berscheid et al. 1989). For example, Berscheid et al. (1989) note that research scholars perceive "... close relationships are loving and satisfying



relationships frequently punctuated with positively toned emotional events of various kinds and infrequently marred by negative events" (p. 68).

In an attempt to clarify the phrase "close relationship", Kelley et al. (see Berscheid, 1985) separated the expression and examined the conceptual meaning behind each term.

According to Kelley et al. (1983), the focal point in the term relationship is the concept that two entities (i.e., individuals) must have an impact on each other, "...or are interdependent with each other in that a change in the state of one causes a change in the state of the other" (p. 146). Or, there exists a "... causal interdependence that exists between two people" (p. 110). That is, for two people to be in a relationship, some of the events of person A must be causally connected to some of the events of person B and vice versa (Kelley et al., 1983).

A second key point in understanding the concept of an interpersonal relationship is the closeness factor. Levinger and Raush (1977) define closeness as "... approaching another, finding a response from another, even losing one's self in the other" (p. 140). According to Kelley et al. (see Berscheid, 1985), there are four characteristics that define a "close" relationship:

- (1) the partners have frequent impact on each other

- (2) the degree of impact per each occurrence  
is strong
- (3) the impact is upon diverse kinds of  
activities for each person
- (4) all of these properties characterize the  
partners' causally interconnected  
activity series for some duration of  
time (p. 147).

An individual may perceive that the concept of influence performs a key role in the above factors (Berscheid, 1985). According to Seibold, Cantrill, and Meyers (1985) interpersonal influence "...signifies the process and paths by which individuals reinforce or alter each others' cognition, emotions, and behaviors" (p. 558). For example, within a close relationship, a person's thoughts and feelings would be shared with his or her mate and vice versa. On the other hand, if a particular behavior is perceived as negative in disrupting the relationship, both individuals would refrain from or alter that behavior.

### Loyalty & Conformity

Close relationships can foster a climate of loyalty. Researchers (Silva & Snyder, 1992) have defined loyalty as "... one's support of others, including the organization in which one works.....one does not betray or desert persons or organizations, especially in time of need" (p. 18). Loyalty

has also been defined as "... uncritical support and adherence to the values, norms and practices of the group which may be centered on the group's continuation, gains, status and power" (Bandman, 1984, p. 8).

Loyalty as defined above can create ethical problems within an organization. For example, according to Tharp and Mattingly (1991), nurses' loyalty towards one another restricts the reporting of unsafe incidents and practices that may occur within a hospital or other health care facilities. Nurses often are confronted and ordered to cover up mistakes their colleagues have committed. Rothrock (1988) notes that nurses are part of a health care team. "Being part of a health care team means that one does not tell on another team member because it would violate team loyalty" (Rothrock, 1988, p. 758).

Closely related to loyalty is the issue of conformity. Hyland and Frapwell (1986) found that nurses who do not conform to the values and norms of the group are perceived as troublemakers. Pressures to conform come not only from other nurses, but from supervisors, placing a nurse in a difficult situation (Levin & Groh, 1990a). Thus, it is not uncommon for nurses to protect the career, livelihood, or reputation of one of their colleagues (Fowler, 1986).

### THE HYPOTHESES

Based upon the prior discussion of the literature, this study sought to examine the combined effects of interpersonal closeness and severity of the wrongdoing to the patient upon the likelihood of reporting a wrongdoing through the proper channels. The following predictions were made for the likelihood of reporting a wrongdoing:

H<sub>1</sub> The perceived severity of the wrongdoing to the patient will be related to the likelihood of reporting a wrongdoing through the proper channels.

H<sub>2</sub> The closeness of the observer and the wrongdoer will be related to the likelihood of reporting a wrongdoing through the proper channels.

The following chapters (i.e., two, three, and four) describe the procedures, variables, statistical measurements, and findings of three hospital studies that were conducted in testing both hypotheses. Chapter 2 describes a pilot study that was initially conducted to test the survey. Chapter 3 describes the changes that occurred within the scenarios and the results obtained from a second study. Finally, Chapter 4 describes the final changes that occurred within the scenarios and the results obtained from that study.

## CHAPTER TWO

## PILOT STUDY

In view of the lack of research relating interpersonal issues to whistleblowing, a pilot study was conducted over a three month period. The focal point of the pilot study was to examine nurses' perspectives on whistleblowing and interpersonal issues. A scenario approach was used to investigate the hypotheses mentioned in Chapter One.<sup>1</sup> The purpose of this chapter is to address the construction of the scenarios. First, however, is a discussion of the hospital that participated in the study.

THE HOSPITAL

A 314 bed, acute-care hospital located in a small midwestern town volunteered to participate in this study. The hospital is a non-profit facility that employed over 2,000 health care professionals. There were 496 registered nurses and 207 physicians on staff. The hospital provided service to several counties and communities. It also functioned as a teaching facility to numerous nursing and medical students.

Promotional materials described the hospital's culture as an open communication climate. Management was very

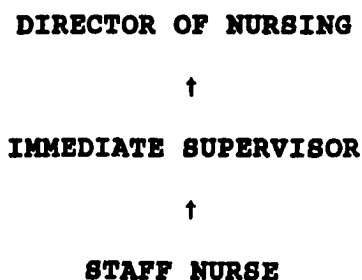
---

<sup>1</sup> Due to the complications and revisions surrounding the construction of the survey, various categories and results have been placed within the appendix section.

receptive to suggestions and concerns from employees and staff within the hospital. For example, the nursing staff had meetings where problems were voiced to upper management. These meetings were often conducted by the director of nursing or other officials within administration. There was also an open door policy to the director of nursing and administrator's office. This allowed prompt attention to any concerns brought by the immediate supervisor or other members of the nursing staff.

The nursing staff relied heavily upon following the chain of command in disclosing a wrongdoing. Comments received from the respondents note that going directly to the director of nursing would not be the first choice of action in disclosing a wrongdoing. The nursing staff stated that the immediate supervisor would correct a wrongdoing if one developed. If, however, under circumstances where the immediate supervisor did not correct the wrongdoing, it would be disclosed to the director of nursing. Overall, the nursing staff was very supportive of their immediate supervisor in correcting a wrongdoing (see Figure 2.1).

Figure 2.1



In carrying out this project, the director of nursing performed a principal role in assisting in the data collection. During several staff meetings, the director of nursing administered information sheets to registered nurses informing them that a whistleblowing survey would be forthcoming. A total of 428 registered nurses were provided information sheets. No other information regarding the contents of the survey were provided. The director of nursing next placed a survey in each nurse's mail box (N=496). Instructions for completing and returning the survey were provided on the front of the study. Two weeks after the surveys were administered, the director of nursing placed reminder letters in each nurse's mail box (N=496). Likewise, additional surveys were provided to nurses who reported they had misplaced their initial copy. Subsequent reminder letters were again administered after two weeks.

In order to ensure subject confidentiality, each survey was returned by postal mail to the researcher. Subjects were told in the instructions not to place any identifiable marks on the survey that could link them to the study. The entire population of registered nurses (N=496) was used for this study. A total of 39 surveys were returned for a response rate of 7.9%.

Over 95% of the responses were by females. Median age of subjects ranged between 30 and 39. Finally, over 50% of the respondents had earned a university degree.

### THE SCENARIOS

In the past, whistle-blowing studies have used hypothetical scenarios as a means of measuring the likelihood of reporting a wrongdoing. The advantage of using this procedure is that it allows for the independent variables to be manipulated, allowing for greater control of effects (Miceli & Near, 1992). However, "... subjects' responses are clearly hypothetical and probably subject to social desirability bias" (Miceli & Near, 1992, p. 41). Miceli and Near note that "subjects who say they would blow the whistle if confronted with a particular situation might not actually do so in a case of true wrongdoing" (Miceli & Near, 1992, p. 41). Yet, 59% of the nurses who responded to this survey indicated they had reported a wrongdoing within the last 12 months.

Four hypothetical scenarios were designed to measure interpersonal closeness and severity of the wrongdoing to the patient in the decision to reveal a wrongdoing. The following section provides a description of the development and refinement of the scenarios.



### DEVELOPMENT AND REFINEMENT OF THE WHISTLEBLOWING SCENARIOS

Scenarios were developed to operationalize the hypotheses discussed in Chapter 1. The scenarios were developed with the assistance of a registered nurse. There were two key points that were the primary focus of each scenario, namely, the relational closeness between the characters and the severity of the wrongdoing to the patient. The scenarios were divided into four parts, namely, characteristics of the hospital, description of characters, the wrongdoing defined, and the recipient of the complaint (i.e., wrongdoing).

First, a trauma hospital located within a large metropolitan area was chosen so that the reader would perceive a large medical facility with numerous units. The concept of the extra long work hours, over-worked employees, under-staffing, low wages, et cetera, are familiar to registered nurses who work in hospitals and other health care facilities. Therefore, that information was placed within the scenario in order to enhance its realism.

Second, the characters within the scenarios worked primarily within the emergency room. The emergency room was chosen because of the degree of stress that is sometimes present within the unit. Within the emergency room, the characters were described as either close or not-close friends. The closeness factor between the characters was mentioned at the beginning and towards the end of the

scenario. This would ensure that the reader conceptualized the relational closeness between the two participants.

The third part of the scenario involved describing a wrongdoing. Several revisions occurred within this particular area since only one wrongdoing could occur within a scenario. In the event that two wrongdoings were perceived, the data would not differentiate which wrongdoing was being reported by the respondent. The behavior of the wrongdoer was also included to enhance the realism of the character. Finally, the paragraph noted that the wrongdoer had been confronted regarding incidents leading up to the wrongdoing.

The final part of the scenario focused upon the recipient of the complaint (i.e., wrongdoing). Using a general hospital organization guide, the complaint recipient would be a supervisor, members of administration, or another nurse. The respondent is then placed within a predicament in which she or he must consider the welfare of the patient, and his or her relationship with the wrongdoer.

The focal point of this section was to develop a scenario that would be perceived as something that could actually occur within a hospital. As previously mentioned, several revisions occurred within this process in order to ensure the respondents perceived the scenario as authentic. That is, the hospital, characters, wrongdoer, and wrongdoing were carefully described in order to ensure the realism of

the scenario. Likewise, since the relational closeness and the severity of the wrongdoing were being manipulated within each scenario, it was of vital importance that the respondent perceive both variables. Also of importance was the recipient of the complaint. A discussion of these variables is provided in the following section.

### VARIABLES

Each scenario was developed to reflect the two independent variables of severity (i.e., low, high) and closeness of the relationship (i.e., close, not-close). Likewise, the dependent variable (i.e., reporting the wrongdoing to the proper official) was also provided within each scenario. A discussion of each of these variables is provided below.

#### Independent Variables

Two independent variables were manipulated within this study, namely, the relational closeness between the nurses (i.e., close, not-close) and the severity of the wrongdoing to the patient (i.e., low, high).

The first hypothesis stated that the perceived severity of the wrongdoing to the patient will be related to the likelihood of reporting the wrongdoing through the proper channels. Two of the four scenarios were constructed with

severity to the patient as high, with the remaining two scenarios constructed as low.

The nurse consultant assisted in differentiating between low and high issue seriousness in regards to the nursing profession. It was noted that the primary role of a registered nurse is to provide quality patient care. Any wrongdoing that harms or poses a potential threat or danger to a patient's welfare would be considered serious, regardless if the offense is judged minor by the wrongdoer. Therefore, high severity was operationalized as administering the wrong medication to the patient. Low severity was operationalized as omitting personal hygiene (i.e., hand-washing) between patient visits. The nurse consultant noted, however, that depending upon the hospital unit (e.g., burn, organ transplant, et cetera), omitting hand-washing may be perceived as a serious wrongdoing. Yet, hand-washing was clearly viewed as minor by nurses over the entire study. The justification for this hypothesis was that the seriousness of the wrongdoing to the patient would influence the decision on whether or not to report the incident.

The second hypothesis states that the closeness of the observer and the wrongdoer will be related to the likelihood of reporting the wrongdoing through the proper channels. Within the four scenarios, closeness was controlled by making the nurses either close or not-close friends. Within

two of the four scenarios the nurses were close friends. In the remaining two the nurses were not-close. The nurse consultant edited several versions of the scenario to ensure that the closeness factor between the characters was perceived by the respondent. Respondents were informed twice within the first two paragraphs and reminded again in the last paragraph if the characters were close or not-close friends. The justification for this hypothesis was that interpersonal closeness between two individuals would perform a significant role in whether or not a wrongdoing is reported.

#### VALIDATION OF SCENARIOS

In order to test the validity of each scenario, 18 registered nurses at a university health care facility volunteered to validate each case. These nurses primarily provide medical care to university students and employees.

To validate the scenarios, the registered nurses were told in a cover letter that the focus of the study was to examine the interpersonal communication that occurs between registered nurses. No other information regarding the contents of the study was provided.

The nurses were each given eight open-ended questions regarding information presented within the scenario. Respondents were asked to identify the wrongdoer and the wrongdoing that was occurring within the scenario.

Respondents found problems in identifying the wrongdoing within two of the four scenarios.

After revisions, a second test was administered to a different set of registered nurses. Six registered nurses at a convalescent care center volunteered to validate the remaining two scenarios. No problems were found with the responses received from the second set of nurses.

#### Manipulation Check of Severity Measure

The questionnaires that were administered to validate the scenarios also included questions regarding issue seriousness. Under both circumstances (i.e., the university health care facility and the convalescent care center) the nurses were able to perceive both high and low severity conditions within the four scenarios.

#### Scenario Validation Questions

1. Who is the subject of concern within this scenario?
2. Do you believe the person above has committed a wrongdoing?  
 no -----> skip to #4  
 yes
3. If yes, explain in detail the wrongdoing that has taken place.
4. If you answered no to question #2, explain why you feel that person has not committed a wrongdoing.

5. Explain how you perceive the relationship between Laura and Diane.
6. What factors besides the wrongdoing reported in #3 prompted Diane's decision to speak with the administrator?
7. Do you feel the factors listed above were minor or major violations? Why?
8. Discuss what you perceive as Laura and Diane's job duties within the hospital.

## SCENARIOS

### Close/High Severity

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

Diane realizes after approximately one month of working extra that she is physically exhausted, but to her dismay, Laura does not exhibit signs or symptoms of physical fatigue. During this time period, there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is concerned about her close friendship with Laura and the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about the situation.**



**Not-Close/High Severity**

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

Diane realizes after approximately one month of working extra that she is physically exhausted, but to her dismay, Laura does not exhibit signs or symptoms of physical fatigue. During this time period, there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is concerned about the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about the situation.**

**Not-Close/Low Severity**

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands or apply some form of hand cleaning gel before attending to another patient. Several patients have noticed that Laura does not clean her hands and have complained. Diane has spoken to Laura about her patient's constant complaints and her behavior in providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is concerned about the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about the situation.**

### Close/Low Severity

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands or apply some form of hand cleaning gel before attending to another patient. Several patients have noticed that Laura does not clean her hands and have complained. Diane has spoken to Laura about her patient's constant complaints and her behavior in providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is concerned about her close friendship with Laura and the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about the situation.**

### Dependent Variable

The dependent variable in this study was the likelihood of reporting a wrongdoing through the proper channels. The dependent variable consists of the following scales, namely, report the wrongdoing to a supervisor, to administration, and to other nurses within the hospital.

As mentioned in Chapter 1, whistleblowing occurs when a wrongdoing is reported to officials, either internal or external to the organization, who will be able to effect change (Miceli & Near, 1992). Reporting a wrongdoing to other nurses would not be considered whistleblowing even though the situation no longer exists. This form of protest known as "peer pressure" occurs when colleagues influence a dissenter to alter his or her beliefs or perceptions regarding a particular wrongdoing (Miceli & Near, 1992). In regards to the scenarios, reporting the wrongdoing to other nurses consisted of the following statements:

#### Nurses Scale

1. I would ask the other nurses on Laura's shift to watch her behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**2. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**3. I would notify the other nurses about Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

On the other hand, reporting a wrongdoing to administration would be considered whistleblowing. In this case, the observer is reporting to upper management an incident she or he considers dangerous to the organization. Reactions by members of upper management may be supportive or hostile, depending upon the power of the whistleblower and the organization's dependence upon the wrongdoing (Miceli & Near, 1992). Reporting the wrongdoing to administration consisted of the following statements:

**Administration Scale**

**1. I would request that the administration (i.e., director of nursing, administration, etc.) look into Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**2. I would ask the administration (i.e., director of nursing, administration, etc.) to look into patient complaints regarding Laura.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**3. I would notify the administration (i.e., director of nursing, administration) that Laura is not providing good patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

Finally, reporting a wrongdoing to a supervisor would be considered whistleblowing. In this case, the nurse reporting the wrongdoing perceives the supervisor in a role as a person who can effect change. As Miceli and Near (1992) note, depending upon the power of the complaint recipient, she or he may be in position to bring about efficacious change within the organization. Reporting the wrongdoing to a supervisor consisted of the following statements:

**Supervisor Scale**

**1. I would request that the supervisor on shift observe  
Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree

**2. I would consult with the supervisor regarding patient  
complaints against Laura.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree

**3. I would notify the supervisor that Laura is not  
providing good patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree

## RESULTS

A reliability test using Cronbach's alpha was conducted on each whistleblowing scale. It consisted of the following items concerning whether the wrongdoer in each scenario (i.e., Laura) should be reported. The reliability of the supervisor scale was .78.

### Supervisor Scale

**1. I would consult with the supervisor regarding patient complaints against Laura.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**2. I would notify the supervisor that Laura is not providing good patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

The following item was not included in the supervisor scale because it lowered the reliability coefficient.

**I would request that the supervisor on shift observe Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree



The reliability of the administration scale was .78.

**Administration Scale**

**1. I would ask the administration (i.e., director of nursing, administration, etc.) to look into patient complaints regarding Laura.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**2. I would notify the administration (i.e., director of nursing, administration) that Laura is not providing good patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

The following item was not included in the administration scale because it lowered the reliability coefficient.

**I would request that the administration (i.e., director of nursing, administration, etc.) look into Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

Finally, the reliability of the nurses scale was .90.

**Nurses Scale**

**1. I would ask the other nurses on Laura's shift to watch her behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**2. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

**3. I would notify the other nurses about Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Agree	Somewhat	Somewhat	Disagree	Strongly
Agree		Agree	Disagree		Disagree

Means, standard deviations, and correlation coefficients were calculated for each whistleblowing scale (i.e., nurses, supervisor, and administration) and statement. The following tables provide this information.

Table 2.2MEANS, STANDARD DEVIATIONS, AND CORRELATION COEFFICIENTS FOR NURSES, SUPERVISOR, AND ADMINISTRATION WHISTLEBLOWING SCALES

<u>SCALE</u>	<u>MEAN</u>	<u>STANDARD DEVIATION</u>
Supervisor	4.47	1.22
Nurses	3.52	1.43
Administration	3.40	1.28

CORRELATION COEFFICIENTS

	Supervisor	Nurses	Administration
Supervisor	1.000		
Nurses	.0852	1.000	
Administration	.2913	-.1465	1.000

Table 2.3  
MEANS AND STANDARD DEVIATIONS FOR  
NURSES, SUPERVISOR, AND ADMINISTRATION  
WHISTLEBLOWING STATEMENTS

Supervisor Whistleblowing Statements

1. I would consult with the supervisor regarding patient complaints against Laura. ( $\bar{X} = 5.03$ ,  $SD = 1.37$ )
2. I would notify the supervisor that Laura is not providing good patient care. ( $\bar{X} = 3.92$ ,  $SD = 1.35$ )

Nurses Whistleblowing Statements

3. I would ask the other nurses on Laura's shift to watch her behavior. ( $\bar{X} = 3.69$ ,  $SD = 1.62$ )
4. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.  
( $\bar{X} = 3.95$ ,  $SD = 1.62$ )
5. I would notify the other nurses about Laura's behavior.  
( $\bar{X} = 2.92$ ,  $SD = 1.44$ )

Table 2.3 (Continued)

Administration Whistleblowing Statements

6. I would ask the administration (i.e., director of nursing, administration, etc.) to look into patient complaints regarding Laura. ( $\bar{X} = 4.05$ ,  $SD = 1.49$ )
7. I would notify the administration (i.e., director of nursing, administration) that Laura is not providing good patient care. ( $\bar{X} = 2.74$ ,  $SD 1.33$ )

Table 2.4CORRELATION COEFFICIENTS FOR WHISTLEBLOWING STATEMENTS

	1	2	3	4	5	6	7
1	1.000						
2	.630**	1.000					
3	-.008	.194	1.000				
4	-.096	.203	.903**	1.000			
5	.001	-.085	.676**	.697**	1.000		
6	.258	.160	.018	-.130	-.133	1.000	
7	.220	.326*	-.037	-.177	-.312	.658**	1.000

(\*) - Signif. LE .05      (\*\*) Signif. LE .01      (2-tailed)

Whistleblowing Statements

1. I would consult with the supervisor regarding patient complaints against Laura.
2. I would notify the supervisor that Laura is not providing good patient care.
3. I would ask the other nurses on Laura's shift to watch her behavior.
4. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.
5. I would notify the other nurses about Laura's behavior.
6. I would ask the administration (i.e., director of nursing, administration, etc.) to look into patient complaints regarding Laura.
7. I would notify the administration (i.e., director of nursing, administration) that Laura is not providing good patient care.

Hypothesis 1 predicted that the perceived severity of the wrongdoing to the patient would be related to the likelihood of reporting a wrongdoing through the proper channels.<sup>2</sup> An analysis of variance was conducted on both conditions of severity (i.e., high, low) across each scale. Results indicated a nonsignificant relationship between severity of the wrongdoing to the patient and the decision to report the incident to a supervisor ( $F = (1,36) = 1.04, p > .32$ ), to other nurses ( $F = (1,36) = 2.42, p > .13$ ), and to administration ( $F = (1,36) = .15, p > .70$ ).

Hypothesis 2 predicted that the closeness of the observer and the wrongdoer would be related to the likelihood of reporting a wrongdoing through the proper channels. An analysis of variance was also conducted on both conditions of closeness (i.e., close, not-close) across each scale. Results indicated a nonsignificant relationship between relational closeness and the decision to reveal the wrongdoing to a supervisor ( $F = (1,37) = 3.60, p > .07$ ), to other nurses ( $F = (1,37) = .15, p > .70$ ), and to administration ( $F = (1,37) = 3.82, p > .06$ ).

---

<sup>2</sup> Due to the small sample size (N=39), a Confirmatory Factor Analysis could not be performed on the whistleblowing scales and statements.

### DISCUSSION

Although the sample of registered nurses was good, the poor response rate limits the value of the pilot study. All results obtained from this study were found to be nonsignificant possibly because of the low response rate. The response rate may also have affected the borderline reliability of two of the scales.

Written responses from several nurses noted that the chain of command described on the survey did not follow the correct procedure for disclosing a wrongdoing within the hospital. The nurses also noted that each medical facility has its own chain of command for properly reporting a wrongdoing. These recommendations were taken into account in revising the survey.

Sections 1 and 2 of the pilot study (i.e., honesty and nurses' perception of whistleblowing) was placed within appendix A and B. Because of the low reliability coefficient obtained from the honesty scale, these data were not included in the statistical analysis (see appendix A). Finally, because of the low response rate, making conclusions from the questionnaire items in section 2 proved problematic. This information is presented in appendix B for other researchers contemplating this issue.



SUMMARY

The purpose of this chapter was to describe the pilot study and the construction of the scenarios. Next, Chapter 3 describes another study that was conducted after the pilot test. Because of the low response rate and the nonsignificant results obtained in the pilot study, several changes occurred within the survey. Chapter 3 explains the required changes, procedures, and results obtained from that study.

CHAPTER THREE  
HOSPITAL SCENARIO STUDY II

Several changes were made because of the low response rate of the first study. This chapter describes those changes, reports the procedures used to collect the data, and presents the results of a second study. First, however, is a description of the hospital that participated in the study.

THE HOSPITAL

A 270 bed, acute-care, non-profit hospital neighboring a large metropolitan city in the midwest volunteered to participate in this study. The hospital staff included approximately 1,300 health care professionals. There were 275 registered nurses and 205 physicians on staff.

The atmosphere of the hospital centered upon providing quality patient care. This was accomplished through multiple meetings held by administration. At these meetings, supervisors discussed problems that registered nurses had conveyed to them. These problems were given first priority within the meeting and information was relayed back to the nursing staff.

The nurses were very cohesive within this hospital. In a conversation with the director of nursing, it was mentioned that staff nurses will sometimes assist and cover

for each other when small problems develop at a nursing station. For example, if a nurse brings a beverage to a nursing station, the other nurses may cover for the nurse who brought the beverage if questioned by a supervisor. If, however, a major problem such as patient safety develops, the staff nurses would inform a supervisor of the incident.

The hospital's administration concentrated on providing an atmosphere where excellence in health care was a top priority. For example, the director of nursing noted that awards were routinely given to employees and staff members who demonstrated excellence in providing quality patient care. Likewise, the hospital provided service awards and financial scholarships to individuals outside the hospital who demonstrated excellence in school and within the community.

The supervisors and nurse managers performed a principal role in collecting the data at this facility. The director of nursing informed each supervisor and nurse manager that a whistleblowing survey would be forthcoming. Packets of information sheets detailing the study were given to each supervisor and nurse manager by the director of nursing. These sheets were placed within each registered nurse's mail box (N=275). No other information regarding the contents of the survey were provided.

Within a few days, surveys were placed within each registered nurse's mail box (N=275). Instructions for

completing the survey were provided on the front of the study. Subjects were told not to return the survey to their supervisor, nurse manager, or director of nursing.

In view of the low response rate obtained in the pilot study, the director of nursing allowed the researcher to make daily visits to the hospital to collect the surveys. The researcher was provided a supervisor or nurse manager on each shift who accompanied him throughout the facility. Subjects were informed in advance that the researcher would return daily to collect the surveys. Upon completing the survey, each respondent registered for a \$100 giveaway offered by the researcher. A total of 118 surveys were returned for a response rate of 44%.

Ninety-five percent of the respondents were female. Forty-four percent ranged between the age of 30 and 39. Finally, 40% had earned a university degree (see Table 3.1).

Table 3.1

DEMOGRAPHICS OF REGISTERED NURSES FROM  
HOSPITAL STUDY II

Gender

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
0	3	2.5	2.5	2.5
1(M)	3	2.5	2.5	5.1
2(F)	112	94.9	94.9	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

Age

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
0	3	2.5	2.5	2.5
20's	3	13.6	13.6	16.1
30's	52	44.1	44.1	60.2
40's	36	30.5	30.5	90.7
50's	7	5.9	5.9	96.6
60's	4	3.4	3.4	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

Education

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
0	3	2.5	2.5	2.5
1	18	15.3	15.3	17.8
2	46	39.0	39.0	56.8
3	47	39.8	39.8	96.6
4	4	3.4	3.4	96.6
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

- 1 = Diploma plus some college  
 2 = Associate Degree  
 3 = University Degree  
 4 = Graduate or Professional Degree

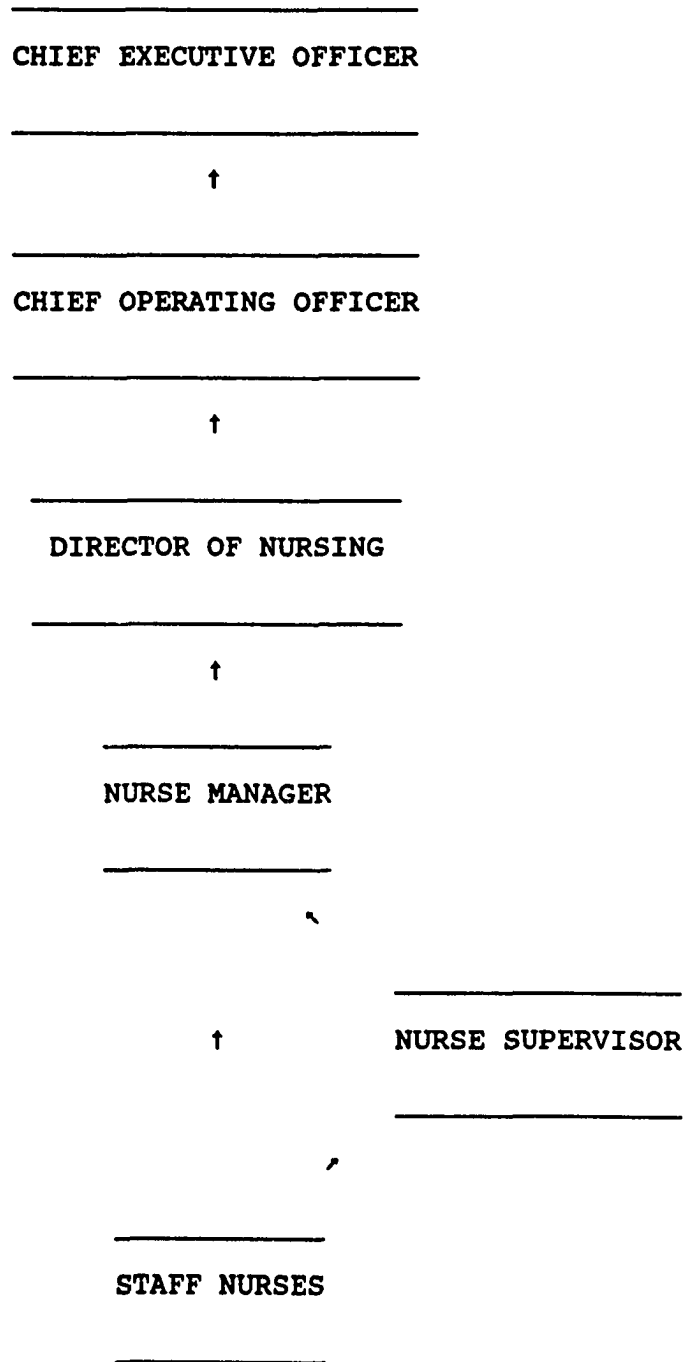
## REFINEMENT OF MEASURES

### Chain Of Command

The chain of command described in the pilot study followed a general hospital organization chart. Comments received from the registered nurses in the pilot study noted that hospitals differ regarding their chain of command. The chain of command as described in the pilot study did not represent the way nurses perceived the actual operation.

The director of nursing provided the proper chain of command for registered nurses reporting a wrongdoing at this hospital. In the event of a wrongdoing, the registered nurses were to report the incident to a nurse manager on that floor. During the evening shifts, the registered nurses were to report problems or wrongdoings to a nurse supervisor, who reported the incidents to the nurse manager the following day. The nurse manager reported to the director of nursing. The director of nursing reported to the chief operations officer and the chief executive officer. Each of these positions was considered administrative. This information was placed within the scenarios and also within the appropriate whistleblowing scales (see Figure 3.2).

Figure 3.2



Comments received from the pilot study noted that a few of the whistleblowing statements were vague. These statements were found within the administration scale. For example, "I would request that administration (i.e., director of nursing, administrator, etc.) look into Laura's behavior," was revised to include not only the correct chain of command, but also if the wrongdoing was addressed by the supervisor. The revised statement read, "I would make my concerns known to officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor if my comments were not acted upon."

Two other statements were revised within the administration scale, namely, "I would ask the administration (i.e., director of nursing, administrator, etc.) to look into patient complaints regarding Laura," and "I would notify the administration (i.e., director of nursing, administrator, etc.) that Laura is not providing good patient care." These statements were revised to focus upon the circumstances surrounding Laura, and the severity of the wrongdoing described in the scenario. The revised statements read, "Because of the circumstances surrounding Laura, I would notify officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor," and "I would speak with the officials (i.e., director of nursing, chief of operations, chief



executive officer) above my immediate supervisor regarding Laura's behavior within the hospital."

The six-point Likert scale used within the pilot study was also revised. The scale used in the pilot study was perceived as being vague when selecting an item. It was assumed that a better description of each point would enhance the reliability of the whistleblowing scales. The six-point Likert scale was revised to include the following items:

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

Two additional whistleblowing scales were also tested within the second study, namely, reporting the wrongdoing anonymously and nurses' confidence in management. Studies have indicated that an observer of a wrongdoing may disclose an incident anonymously if there is a possibility of coworker or organizational retaliation. The observer who discloses a wrongdoing anonymously is placing his or her trust in the complaint recipient (Miceli & Near, 1992). Reporting a wrongdoing anonymously, however, has several disadvantages. For example, upper management may progress more slowly in responding to an anonymous report. Second, anonymous reports are perceived as less credible which may create an atmosphere of disbelief regarding the wrongdoing

(Miceli & Near, 1992). In regards to the wrongdoer in the scenario (i.e., Laura), reporting the wrongdoing anonymously consisted of the following statements:

**ANONYMITY SCALE**

**1. I would report Laura's wrongdoing anonymously to internal sources (i.e., co-workers, chief executive officer, director of nursing, immediate supervisor, etc.) within the hospital.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

**2. I would anonymously report Laura's behavior to external sources (i.e., media, newspapers, etc.) if management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) did not try to correct it.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

**3. If you were to anonymously report this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) would give careful consideration to your allegations.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	UnConfident	Unconfident

The purpose of the confidence in management scale was to examine organizational and coworker retaliation. As mentioned earlier, the organization's dependence upon the wrongdoing or wrongdoer closely relates to the degree of retaliation placed by the organization and its members. Factors such as the whistleblower's status and power within the organization, as well as the organization's dependence upon the whistleblower, may impede any retaliation placed by the organization (Miceli & Near, 1992). Nurses who report wrongdoings committed by other nurses are often faced with retaliation from colleagues and the organization (Cerrato, 1988). The confidence in management scale consisted of the following statements:

**CONFIDENCE SCALE**

**1. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) would not take actions against you.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

**2. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) will protect you from reprisals.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

**3. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) will protect you from reprisals.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

Finally, within the demographic section, the ethnicity question was eliminated in order to ensure respondents of the anonymity of the study.

## RESULTS

A reliability test using Cronbach's alpha was performed on each whistleblowing scale. It consisted of the following statements concerning whether the wrongdoer in each scenario (i.e., Laura) should be reported. The reliability of the supervisor scale was .60.

### Supervisor Scale

1. I would request that the immediate supervisor (i.e., nurse manager, nurse supervisor) observe Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

2. I would consult with the immediate supervisor (i.e., nurse manager, nurse supervisor) regarding patient complaints against Laura.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

The following item was not included in the supervisor scale because it lowered the reliability coefficient:

**I would notify the immediate supervisor (i.e., nurse manager, nurse supervisor) that Laura is not providing good patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The reliability of the nurses scale was .88.

#### Nurses Scale

**1. I would ask the other nurses on Laura's shift to watch her behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**2. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**3. I would notify the other nurses about Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The reliability of the administration scale was .96.

**Administration Scale**

**1. Because of the circumstances surrounding Laura, I would notify officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**2. I would speak with the officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor regarding Laura's behavior within the hospital.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The following item was not included in the administration scale because it lowered the reliability coefficient:

**I would make my concerns known to officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor if my comments were not acted upon.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

The reliability of the anonymity scale was .58.

#### **ANONYMITY SCALE**

**1. I would report Laura's wrongdoing anonymously to internal sources (i.e., co-workers, chief executive officer, director of nursing, immediate supervisor, etc.) within the hospital.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree



2. I would anonymously report Laura's behavior to external sources (i.e., media, newspapers, etc.) if management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) did not try to correct it.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The following item was not included in the anonymity scale because it lowered the reliability coefficient:

If you were to anonymously report this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) would give careful consideration to your allegations.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	UnConfident	Unconfident

Finally, the reliability of the confidence scale was .86.

**CONFIDENCE SCALE**

- 1. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) would not take actions against you.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	Unconfident	Unconfident

- 2. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) will protect you from reprisals.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	Unconfident	Unconfident

3. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) will protect you from reprisals.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	Unconfident	Unconfident

Means, standard deviations, and correlation coefficients were calculated for each whistleblowing scale (i.e., nurses, supervisor, administration, anonymity, and confidence) and statement. The following tables provide this information.

Table 3.3

MEANS, STANDARD DEVIATIONS, AND CORRELATION COEFFICIENTS FOR  
NURSES, SUPERVISOR, ADMINISTRATION, ANONYMITY, AND  
CONFIDENCE WHISTLEBLOWING SCALES

<u>SCALE</u>	<u>MEAN</u>	<u>STANDARD DEVIATION</u>
Supervisor	5.29	.85
Nurses	2.76	1.45
Administration	2.38	1.51
Anonymity	1.82	1.00
Confidence	3.87	1.29

CORRELATION COEFFICIENTS

	<u>Sup.</u>	<u>Nur.</u>	<u>Admin.</u>	<u>Anony.</u>	<u>Confid.</u>
Supervisor	1.000				
Nurses	.006	1.000			
Administration	.213*	.2495**	1.000		
Anonymity	-.069	.209*	.212*	1.000	
Confidence	.165	-.056	.004	-.030	1.000

(\*) - Signif. LE .05      (\*\*) - Signif. LE .01      (2-tailed)

Table 3.4  
MEANS AND STANDARD DEVIATIONS FOR  
NURSES, SUPERVISOR, ADMINISTRATION, ANONYMITY, AND  
CONFIDENCE WHISTLEBLOWING STATEMENTS

Nurses Whistleblowing Statements

1. I would ask the other nurses on Laura's shift to watch her behavior. ( $\bar{X} = 2.76$ ,  $SD = 1.62$ )
2. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.  
( $\bar{X} = 3.20$ ,  $SD = 1.74$ )
3. I would notify the other nurses about Laura's behavior.  
( $\bar{X} = 2.31$ ,  $SD = 1.49$ )

Supervisor Whistleblowing Statements

4. I would request that the immediate supervisor (i.e., nurse manager, nurse supervisor) observe Laura's behavior. ( $\bar{X} = 5.27$ ,  $SD = 1.11$ )
5. I would consult with the immediate supervisor (i.e., nurse manager, nurse supervisor) regarding patient complaints against Laura. ( $\bar{X} = 5.31$ ,  $SD = .87$ )

Table 3.4 (Continued)Administration Whistleblowing Statements

6. Because of the circumstances surrounding Laura, I would notify officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor. ( $\bar{X} = 2.41$ ,  $SD = 1.54$ )
7. I would speak with the officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor regarding Laura's behavior within the hospital. ( $\bar{X} = 2.35$ ,  $SD = 1.53$ )

Anonymity Whistleblowing Statements

8. I would report Laura's wrongdoing anonymously to internal sources (i.e., co-workers, chief executive officer, director of nursing, immediate supervisor, etc.) within the hospital. ( $\bar{X} = 2.14$ ,  $SD = 1.42$ )
9. I would anonymously report Laura's behavior to external sources (i.e., media, newspapers, etc.) if management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) did not try to correct it. ( $\bar{X} = 1.50$ ,  $SD = .92$ )

Table 3.4 (Continued)Confidence Whistleblowing Statements

10. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) would not take actions against you. ( $\bar{X} = 4.38$ ,  $SD = 1.33$ )
11. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) will protect you from reprisals. ( $\bar{X} = 3.69$ ,  $SD = 1.53$ )
12. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) will protect you from reprisals. ( $\bar{X} = 3.53$ ,  $SD = 1.49$ )

Table 3.5

CORRELATION COEFFICIENTS FOR WHISTLEBLOWING STATEMENTS

	1	2	3	4	5	6	7	8	9	10	11	12
1	1.00											
2	.438**	1.00										
3	.083	-.025	1.00									
4	-.011	-.014	.730**	1.00								
5	.040	-.069	.796**	.610**	1.00							
6	.179	.184*	.218*	.177	.212*	1.00						
7	.175	.173	.258**	.204**	.258**	.926**	1.00					
8	-.030	-.175	.239**	.189**	.277**	.220*	.237*	1.00				
9	.075	-.058	.052	-.021	.133	.090	.112	.448**	1.00			
10	.074	.226*	-.136	-.111	-.133	.036	.001	-.110	-.094	1.00		
11	.054	.219*	.067	-.076	.083	.006	.027	-.007	.024	.637**	1.00	
12	.025	.211*	.024	-.135	.004	-.017	.030	-.016	.079	.599**	.797**	1.00

(\*) - Signif. LE .05

(\*\*) - Signif. LE .01

(2-tailed)



A Confirmatory Factor Analysis was performed on the whistleblowing scales using LISREL 7.16. The anonymity and confidence in management scales could not be included in the analysis because the matrix was not positive definite.

A three factor confirmatory model was tested for the supervisor, nurses, and administration whistleblowing scales. The Confirmatory Factor Analysis revealed a good fit for the 3 factor model,  $\chi^2 [11] = 5.82$ ,  $p > .89$ ; adjusted goodness of fit .99; and average root mean square residual .04. There were no significant standardized residuals. The Confirmatory Factor Analysis revealed that items fit the scales that were constructed (see Table 3.6 and 3.7).

The fit of the 3 factor model was superior to the fit of the 1 factor model. The 1 factor model revealed  $\chi^2 [14] = 222.23$ ,  $p < .0000$ ; adjusted goodness of fit .35; and average root mean square residual .57. There were 4 residuals that were significant at the .01 level (see Table 3.8 and 3.9).

Table 3.6

RESIDUALS FOR CONFIRMATORY FACTOR ANALYSIS  
OF WHISTLEBLOWING SCALES FOR 3 FACTOR MODEL

	1	2	3	4	5	6	7
1	0.00						
2	0.00	0.00					
3	0.75	-0.42	0.00				
4	-0.24	-0.26	0.07	0.00			
5	0.31	-0.87	-0.02	-0.07	0.00		
6	0.14	0.25	-0.15	-0.04	0.13	0.00	
7	-0.18	-0.12	-0.10	-0.03	0.30	0.00	0.00

Factor 1 (Supervisor) = Items 1 and 2

Factor 2 (Nurses) = Items 3, 4, and 5

Factor 3 (Administration) = Items 6 and 7

Table 3.7

LISREL UNWEIGHTED LEAST SQUARES ESTIMATES FOR 3 FACTOR MODEL

	<u>SUPERVISOR</u>	<u>NURSES</u>	<u>ADMINISTRATION</u>
1	0.75	0.00	0.00
2	0.57	0.00	0.00
3	0.00	1.56	0.00
4	0.00	1.30	0.00
5	0.00	1.24	0.00
6	0.00	0.00	1.38
7	0.00	0.00	1.58

Retained Whistleblowing Statements

1. I would request that the immediate supervisor (i.e., nurse manager, nurse supervisor) observe Laura's behavior.
2. I would consult with the immediate supervisor (i.e., nurse manager, nurse supervisor) regarding patient complaints against Laura.
3. I would ask the other nurses on Laura's shift to watch her behavior.
4. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.
5. I would notify the other nurses about Laura's behavior.
6. Because of the circumstances surrounding Laura, I would notify officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor.
7. I would speak with the officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor regarding Laura's behavior within the hospital.

Table 3.8  
CONFIRMATORY FACTOR ANALYSIS RESIDUALS FOR  
1 FACTOR MODEL

	1	2	3	4	5	6	7
1	0.00						
2	4.54	0.00					
3	0.40	-0.83	0.00				
4	-0.55	-0.59	7.74	0.00			
5	-0.07	-1.33	8.45	6.37	0.00		
6	0.37	0.60	-1.22	-0.80	-1.40	0.00	
7	-0.71	-0.65	-0.64	-0.81	0.24	0.00	0.00

Table 3.9  
LISREL UNWEIGHTED LEAST SQUARES ESTIMATES FOR 1 FACTOR MODEL

(SUPERVISOR, NURSES, AND ADMINISTRATION)

1	0.20
2	0.16
3	0.43
4	0.37
5	0.39
6	1.44
7	1.51

Hypothesis 1 predicted that the perceived severity of the wrongdoing to the patient would be related to the likelihood of reporting a wrongdoing through the proper channels. An analysis of variance was conducted on both conditions of severity (i.e., high, low) across each scale. Significance was indicated among one of the individual items, but not among whistleblowing scales. "I would ask the other nurses on Laura's shift to watch her behavior" ( $F(1,114) = 4.94, p < .03$ ) was found to be significantly different for severity (see Table 3.10).

Table 3.10

Analysis Of Variance

**"I would ask the other nurses on Laura's shift to watch her behavior."**

<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>Mean Sqs.</u>	<u>F</u>	<u>F Sig.</u>
Within	113	280.83	2.46		
Close	1	12.50	12.50	5.07	.03*
Severe	1	12.16	12.16	4.94	.03*
Close/Severe	1	.05	.05	.02	.88

(\*) - Signif. LE .05

Table 3.11Analysis Of Variance / Whistleblowing ScalesSupervisor Scale

<u>Source Of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	79.23	113	.70		
Regression	.00	1	.00	.00	.97
Close	1.50	1	1.50	2.14	.15
Severe	.51	1	.51	.72	.40
Close By Severe	2.14	1	2.14	3.05	.08

Nurses Scale

<u>Source Of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	234.55	113	2.08		
Regression	.78	1	.78	.37	.54
Close	3.93	1	3.93	1.89	.17
Severe	6.67	1	6.67	3.21	.08
Close By Severe	.60	1	.60	.29	.59

Administration Scale

<u>Source Of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	257.63	113	2.28		
Regression	.38	1	.38	.17	.68
Close	1.37	1	1.37	.60	.44
Severe	2.69	1	2.69	1.18	.28
Close By Severe	2.82	1	2.82	1.24	.27

Table 3.11 (Continued)

<u>Anonymity Scale</u>					
<u>(Internal Reporting)</u>					
<u>Source Of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	231.93	113	2.05		
Regression	.12	1	.12	.06	.81
Close	1.31	1	1.31	.64	.43
Severe	1.26	1	1.26	.61	.44
Close By Severe	.07	1	.07	.03	.85

<u>(External Reporting)</u>					
<u>Source Of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	99.02	113	.88		
Regression	.21	1	.21	.24	.62
Close	.16	1	.21	.18	.67
Severe	.01	1	.01	.01	.90
Close By Severe	.17	1	.17	.19	.67

<u>Confidence Scale</u>					
<u>Source Of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	190.46	113	1.67		
Regression	.32	1	.32	.19	.66
Close	2.49	1	2.49	1.48	.23
Severe	.61	1	.61	.36	.55
Close By Severe	.25	1	.25	.15	.70

Hypothesis 2 predicted that the closeness of the observer and the wrongdoer would be related to the likelihood of reporting a wrongdoing through the proper channels. Significance was again indicated among individual items, but not among whistleblowing scales.<sup>1</sup> "I would consult with the immediate supervisor regarding patient complaints against Laura" ( $F(1,114) = 3.79, p < .05$ ), and "I would ask the other nurses on Laura's shift to watch her behavior" ( $F(1,114) = 5.07, p < .03$ ) were found to be significantly different with closeness (see Table 3.10 & 3.12).

Table 3.12

Analysis Of Variance

"I would consult with the immediate supervisor regarding patient complaints against Laura."

<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>Mean Sqs.</u>	<u>F obt.</u>	<u>F Sig.</u>
Within	113	84.68	.74		
Close	1	2.82	2.82	3.79	.05*
Severe	1	1.05	1.05	1.42	.24
Close/Severe	1	.69	.69	.93	.34

(\*) - Signif. LE .05

---

<sup>1</sup> Using a regression approach and controlling for severity and the interaction, there was a significant effect for closeness in reporting the wrongdoing to an immediate supervisor ( $T = -2.15, p < .03$  Beta =  $-.62$ ).



### DISCUSSION

Results indicated only significant differences among individual items. However, using a regression approach and controlling for severity and the interaction, significance was indicated for closeness in reporting the wrongdoing to an immediate supervisor.

The results of the questionnaire items in section one was placed within Appendix C. It provides the frequency of responses and percentages for each statement.

### SUMMARY

This chapter described a second study that was conducted using a revised version of the pilot survey. Results obtained from this study indicated an increase in response rate, but only very limited statistical significance among the whistleblowing scales.

A final study was conducted for this project. Changes occurred again with the survey in order to enhance the response rate and statistical significance. Chapter 4 describes those changes and the results.

CHAPTER FOUR  
HOSPITAL SCENARIO STUDY III

Several changes were made in the third survey. Some were a result of things learned from the previous studies, but others were mandated by the hospital as a condition of participation. This chapter describes those changes, the procedures used to collect the data, and the results. The following is a description of the hospital that participated in the study.

THE HOSPITAL

A 692 bed, acute-care, non-profit hospital located in a large metropolitan city in the midwest volunteered to participate in this study. The hospital staffed approximately 2,000 health care professionals. There were 1,170 registered nurses and over 200 physicians on staff. The hospital functioned as a teaching facility to numerous medical and nursing students.

Promotional materials described the hospital was a leader in providing quality health care. This was accomplished through the availability of modern technology used throughout the hospital in curing both chronic and acute illnesses. The hospital also provided a wide selection of health care services for residents throughout the state.

The administration was committed to academic research which affected not only the general public but also the operation of the hospital. By allowing an atmosphere which was conducive to academic research, administration and staff perceived they were contributing to the welfare of the general public, as well as enhancing staff, employee relations, and service qualities throughout the hospital.

A registered nurse who functioned within the hospital's administration assisted in the data collection. Twelve hundred information sheets describing the study were sent to registered nurses. The information sheets were distributed to every nursing unit. The sheets were then placed within each registered nurse's mail box (N=1170). The information sheets informed the registered nurses that a whistleblowing survey was forthcoming. Subjects were told that the survey was assisting a doctoral student in completing his dissertation. No other information regarding the contents of the survey was provided.

Within a few days, surveys were placed within each registered nurse's mail box (N=1170). Instructions for completing the survey and registering for the \$100 giveaway were provided on the front of the study. After two weeks, reminder letters were placed in each registered nurse's mail box (N=1170). The reminder letter focused upon the survey and the chance of winning \$100. Subjects who had misplaced their initial survey were provided another copy.

Surveys were returned by mail. A total of 261 surveys were returned for a response rate of 22%. Ninety-six percent of the respondents were female. Forty-four percent were between the age of 30 and 39. Sixty-three percent held a bachelors degree in nursing (see Table 4.1).

Table 4.1

DEMOGRAPHICS OF REGISTERED NURSES FROM  
HOSPITAL STUDY III

Gender

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
0	1	.4	.4	.4
1(M)	10	3.8	3.8	4.2
0(F)	250	95.8	95.8	100.0
Total	<u>261</u>	<u>100.0</u>	<u>100.0</u>	

Age

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
20's	69	26.4	26.4	26.4
30's	115	44.1	44.1	70.5
40's	63	24.1	24.1	94.6
50's	11	4.2	4.2	98.9
60's	3	1.1	1.1	100.0
Total	<u>261</u>	<u>100.0</u>	<u>100.0</u>	

Education

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
1	13	5.0	5.0	5.0
2	46	17.6	17.6	22.6
3	165	63.2	63.2	85.8
4	37	14.2	14.2	100.0
Total	<u>261</u>	<u>100.0</u>	<u>100.0</u>	

- 1 = Diploma plus some college  
 2 = Associates Degree  
 3 = University Degree  
 4 = Graduate or Professional Degree

The hospital that participated in this study would not allow questions that asked whether the registered nurses had observed a wrongdoing within this facility. The administration perceived these questions as asking the nurse to blow the whistle on his or her supervisor or colleague. Therefore, the use of scenarios was strongly encouraged by this hospital. The administration, however, allowed asking respondents if they had ever observed a wrongdoing within this or another organization for which they were employed. Seventy-five percent of the respondents indicated they had observed a wrongdoing in this or another organization for which they were employed. Ninety percent of the respondents who indicated they had observed a wrongdoing replied that they had reported it (see Table 4.2).

Table 4.2

OBSERVE WRONGDOING

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
0 (no)	64	24.5	24.5	24.5
1 (yes)	197	75.5	75.5	100.0
<b>Total</b>	<u>261</u>	<u>100.0</u>	<u>100.0</u>	

REPORT WRONGDOING

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid %</u>	<u>Cum %</u>
0 (no)	19	9.6	9.6	9.6
1 (yes)	178	90.4	90.4	100.0
<b>Total</b>	<u>197</u>	<u>100.0</u>	<u>100.0</u>	

## REFINEMENT OF MEASURES

### Scenarios

Several revisions were made in previous procedures. First, revisions occurred within two of the four scenarios. A hospital consultant who was a registered nurse read each scenario and perceived problems in the development of the two high severity conditions. The consultant noted in both high severity conditions, drug abuse might be a problem for one of the characters. That is, the individual not exhibiting signs or symptoms of physical fatigue (even though both characters are working the same amount of hours) implies that drugs are involved in the situation. Likewise, the statement "... there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura", might suggest that Laura was abusing patient medication. Therefore, these statements were revised to focus only upon patient care and not upon Laura's potential drug abuse.

The hospital consultant also noted that filling out an incident report is the normal procedure when an error or wrongdoing is committed within a hospital. This procedure was not mentioned within the high severity condition. The consultant therefore recommended that information be added to the scenario.

### Chain Of Command

The director of nursing described the official chain of command for registered nurses' reporting a wrongdoing at this hospital. In the event of a wrongdoing, after filling out an incident report, registered nurses are to inform the unit manager or charge nurse on that shift. If, the wrongdoing is not addressed by a unit manager or charge nurse, the registered nurse must report the incident to the associate director of nursing. If the situation remains unresolved at the associate's level, the nurse would report to the director of nursing. The director of nursing reports to the chief executive officer of the hospital (see Figure 4.3). This information was placed within the scenarios and the whistleblowing scales. The following revised scenarios were placed within each survey.



Figure 4.3

---

CHIEF EXECUTIVE OFFICER

---

↑

---

DIRECTOR OF NURSING

---

↑

---

ASSOCIATE DIRECTOR OF NURSING

---

↑

---

UNIT MANAGER OR CHARGE NURSE

---

↑

---

STAFF NURSES

---

**REVISED SCENARIOS****Not-Close/High Severity**

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

Diane and Laura both realize after approximately one month of working extra that they are physically exhausted. During this time period, there have been complaints from patients that Laura was not providing good patient care. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally and not filling out an incident report.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, co-workers or upper management (i.e. ASSOC. DON, DON, or CEO). At the same time, Diane is concerned about the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about this situation.**

**Close/High Severity**

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

Diane and Laura both realize after approximately one month of working extra that they are physically exhausted. During this time period, there have been complaints from patients that Laura was not providing good patient care. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally and not filling out an incident report.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, co-workers or upper management (i.e. ASSOC. DON, DON, or CEO). At the same time, Diane is concerned about her close friendship with Laura and the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about this situation.**

### Not-Close/Low Severity

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands before attending to another patient. Several patients have noticed that Laura does not wash her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, co-workers or upper management (i.e. ASSOC. DON, DON, or CEO). At the same time, Diane is concerned about the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about this situation.**

### Close/Low Severity

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands before attending to another patient. Several patients have noticed that Laura does not wash her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, co-workers or upper management (i.e. ASSOC. DON, DON, or CEO). At the same time, Diane is concerned about her close friendship with Laura and the welfare of the patients. If you were in Diane's place, what would you do?

**Note: Remember, you have already confronted Laura personally about this situation.**

### Revision To Whistleblowing Scales

To increase the reliability of each whistleblowing scale several, statements were revised. Within the supervisor scale, the primary focus was upon the quality of poor patient care and the behavior of the wrongdoer. Statements were revised to focus upon "asking" about the wrongdoing. For example, "I would ask the immediate supervisor (i.e., unit manager, charge nurse) whether he or she were aware of any complaints of poor patient care." Consulting with a supervisor regarding a wrongdoing was perceived as being more indirect. On the other hand, asking would be perceived as a more direct approach. Additional statements were also added to the supervisor scale in order to enhance the reliability:

#### Supervisor Scale

1. I would ask the immediate supervisor (i.e., unit manager, charge nurse) to watch Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**2. I would notify the immediate supervisor (i.e., unit manager, charge nurse) of Laura's failure to follow proper procedure.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

**3. I would ask the immediate supervisor (i.e., unit manager, charge nurse) on Laura's shift whether he or she has heard of complaints about Laura's patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

Within the nurses scale, statements were also revised to focus upon the quality of poor patient care. For example, "I would ask the other nurses on Laura's shift to watch her behavior" was revised to "I would ask the other nurses whether they were aware of any complaints of poor patient care." Also, the term "consulting" was perceived as being ambiguous in regards to speaking with other nurses regarding a wrongdoing. Therefore, the statement "I would consult the nurses on Laura's shift to see if they have heard of complaints about her," was revised to "I would ask the nurses on Laura's shift if they have heard of complaints about her patient care." Additional statements were also added to enhance the reliability of the nurses' scale:

**Nurses Scale**

**1. I would notify the other nurses about Laura's failure to follow proper procedure.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

**2. I would ask the other nurses on Laura's shift to watch her behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

Finally, the anonymity scale was eliminated from the third study. Several of the responses received from the registered nurses note reporting a wrongdoing anonymously would not be the most effective means of eliminating a wrongdoing. If a patient's safety is in danger, the nurse should disclose his or her identity in order to receive immediate attention to the wrongdoing.



## RESULTS

A reliability test using Cronbach's alpha was performed on each scale. The reliability test for the supervisor whistleblowing scale consisted of the following statements concerning whether the wrongdoer in each scenario (i.e., Laura) should be reported to the supervisor. The reliability of the supervisor scale was .84.

### Supervisor Scale

- 1. I would ask the immediate supervisor (i.e., unit manager, charge nurse) whether he or she was aware of any complaints of poor patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

- 2. I would ask the immediate supervisor (i.e., unit manager, charge nurse) to watch Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

- 3. I would ask the immediate supervisor (i.e., unit manager, charge nurse) on Laura's shift whether he or she has heard of complaints about Laura's patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

The following items were not included in the supervisor scale because they lowered the reliability coefficient:

**I would notify the immediate supervisor (i.e., unit manager, charge nurse) of Laura's failure to follow proper procedure.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**I would request the immediate supervisor (i.e., unit manager, charge nurse) to speak to Laura about providing good patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The reliability test for the nurse whistleblowing scale consisted of the following statements concerning whether the wrongdoer (i.e., Laura) should be reported to other nurses. The reliability of the nurses scale was .91.

#### Nurses Scale

**1. I would ask the other nurses whether they were aware of any complaints of poor patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**2. I would ask the other nurses on Laura shift to watch her behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**3. I would ask the nurses on Laura's shift if they have heard of complaints about her patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

**4. I would notify the other nurses about Laura's failure to follow proper procedure.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The reliability test for the administration whistleblowing scale consisted of the following statements concerning whether the wrongdoer (i.e., Laura) should be reported to the administration. The reliability of administration scale was .78.

**Administration Scale**

- 1. Because of the circumstances surrounding Laura, I would first notify officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor of Laura's behavior.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

- 2. I would ask the officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor whether they were aware of any complaints of poor patient care.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

The following item was not included in the administration scale because it lowered the reliability coefficient:

**I would make my concerns known to officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor if my comments were not acted upon.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Agree	Agree	Agree	Disagree	Disagree	Disagree

Finally, the reliability test for the confidence in management scale was .86.

#### CONFIDENCE SCALE

**1. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s) ) would not take actions against you.**

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	UnConfident	Unconfident

2. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s) ) would protect your identity.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	UnConfident	Unconfident

3. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s) ) will protect you from reprisals.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	UnConfident	Unconfident

Means, standard deviations, and correlation coefficients were calculated for each whistleblowing scale (i.e. nurses, supervisor, administration, and confidence) and statement. The following tables provide this information.

Table 4.4

MEANS, STANDARD DEVIATIONS, AND CORRELATION COEFFICIENTS FOR  
NURSES, SUPERVISOR, ADMINISTRATION, AND CONFIDENCE  
WHISTLEBLOWING SCALES

<u>SCALE</u>	<u>MEAN</u>	<u>STANDARD DEVIATION</u>
Supervisor	4.50	1.39
Nurses	2.52	1.44
Administration	1.65	1.08
Confidence	4.23	1.23

CORRELATION COEFFICIENTS

	<u>Sup.</u>	<u>Nur.</u>	<u>Admin.</u>	<u>Confid.</u>
Supervisor	1.000			
Nurses	.307**	1.000		
Administration	.255**	.206**	1.000	
Confidence	.076	-.137*	-.103	1.000

(\*) - Signif. LE .05

(\*\*) - Signif. LE .01

(2-tailed)

Table 4.5  
MEANS AND STANDARD DEVIATIONS FOR  
NURSES, SUPERVISOR, ADMINISTRATION, AND CONFIDENCE  
WHISTLEBLOWING STATEMENTS

Supervisor Whistleblowing Statements

1. I would ask the immediate supervisor (i.e., unit manager, charge nurse) whether he or she was aware of any complaints of poor patient care.  
( $\bar{X} = 4.79$ , SD = 1.50)
2. I would ask the immediate supervisor (i.e., unit manager, charge nurse) to watch Laura's behavior.  
( $\bar{X} = 4.28$ , SD = 1.71)
3. I would ask the immediate supervisor (i.e., unit manager, charge nurse) on Laura's shift whether he or she has heard of complaints about Laura's patient care.  
( $\bar{X} = 4.44$ , SD = 1.57)

Nurses Whistleblowing Statements

4. I would ask the other nurses whether they were aware of any complaints of poor patient care.  
( $\bar{X} = 3.07$ , SD = 1.82)
5. I would ask the other nurses on Laura shift to watch her behavior. ( $\bar{X} = 2.40$ , SD = 1.58)



Table 4.5 (Continued)

6. I would ask the nurses on Laura's shift if they have heard of complaints about her patient care.  
( $\bar{X} = 2.64$ ,  $SD = 1.70$ )
7. I would notify the other nurses about Laura's failure to follow proper procedure. ( $\bar{X} = 1.98$ ,  $SD = 1.36$ )

Administration Whistleblowing Statements

8. Because of the circumstances surrounding Laura, I would first notify officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor of Laura's behavior.  
( $\bar{X} = 1.52$ ,  $SD = 1.09$ )
9. I would ask the officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor whether they were aware of any complaints of poor patient care.  
( $\bar{X} = 1.77$ ,  $SD = 1.29$ )

Confidence Whistleblowing Statements

10. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s) ) would not take actions against you. ( $\bar{X} = 4.76$ ,  $SD = 1.33$ )

Table 4.5 (Continued)

11. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s) ) would protect your identity. ( $\bar{X} = 4.06$ ,  $SD = 1.52$ )
12. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s)) will protect you from reprisals. ( $\bar{X} = 3.87$ ,  $SD = 1.46$ )

Table 4.6

CORRELATION COEFFICIENTS FOR WHISTLEBLOWING STATEMENTS

	1	2	3	4	5	6	7	8	9	10	11	12
1	1.00											
2	.613**	1.00										
3	.672**	.643**	1.00									
4	.245**	.224**	.317**	1.00								
5	.194**	.289**	.311**	.716**	1.00							
6	.187**	.247**	.311**	.794**	.830**	1.00						
7	.119	.169**	.209**	.554**	.737**	.712**	1.00					
8	.191**	.196**	.117	.147*	.108	.133*	.193**	1.00				
9	.226**	.240**	.230**	.212**	.179**	.184**	.166**	.650**	1.00			
10	.075	.069	-.008	-.140*	-.102	-.146*	-.112	-.032	-.075	1.00		
11	.140*	.022	.020	-.065	-.013	-.083	-.096	-.062	.134*	.457**	1.00	
12	.161**	-.005	.047	-.116	-.103	-.154*	-.139*	-.047	-.108	-.500**	-.807**	1.00

(\*) - Signif. LE .05

(\*\*) - Signif. LE .01

(2-tailed)

A Confirmatory Factor Analysis was conducted using LISREL 7.16. A three factor confirmatory model was tested for the supervisor, nurses, and administration scales. The confidence in management scale was not included in the analysis because the matrix was not positive definite.

The Confirmatory Factor Analysis revealed a good fit for the 3 factor model,  $\chi^2 [24] = 56.11$ ,  $p < .000$ ; adjusted goodness of fit .99; and average root mean square residual .075. There were no significant standardized residuals. The Confirmatory Factor Analysis revealed that the items fit the scales that were constructed (see Table 4.7 and 4.8).

The fit of the 3 factor model was superior to the fit of the 1 factor model. The 1 factor model revealed  $\chi^2 [27] = 488.21$ ,  $p < .000$ ; adjusted goodness of fit .70; and average root mean square residual .40. There were 12 residuals that were significant at the .01 level (see Table 4.9 and 4.10).

Table 4.7

RESIDUALS FOR CONFIRMATORY FACTOR ANALYSIS OF  
WHISTLEBLOWING SCALES FOR 3 FACTOR MODEL

	1	2	3	4	5	6	7	8	9
1	0.00								
2	0.47	0.00							
3	0.15	-0.47	0.00						
4	0.39	-0.04	0.92	0.00					
5	-0.74	0.64	0.44	-0.33	0.00				
6	-1.01	-0.17	0.25	0.26	-0.19	0.00			
7	-1.24	-0.53	-0.35	-0.72	0.95	0.26	0.00		
8	0.54	0.56	-1.06	0.24	-0.57	-0.29	1.19	0.00	
9	0.18	0.21	-0.33	0.50	-0.28	-0.35	0.08	0.00	0.00

Factor 1 (Supervisor) = Items 1, 2, and 3

Factor 2 (Nurses) = Items 4, 5, 6, and 7

Factor 3 (Administration) = Items 8 and 9

Table 4.8LISREL UNWEIGHTED LEAST SQUARES ESTIMATES FOR 3 FACTOR MODEL

	<u>SUPERVISOR</u>	<u>NURSES</u>	<u>ADMINISTRATION</u>
1	1.13	0.00	0.00
2	1.32	0.00	0.00
3	1.38	0.00	0.00
4	0.00	1.50	0.00
5	0.00	1.43	0.00
6	0.00	1.59	0.00
7	0.00	0.99	0.00
8	0.00	0.00	0.75
9	0.00	0.00	1.21

Retained Whistleblowing Statements

1. I would ask the immediate supervisor (i.e., unit manager, charge nurse) whether he or she was aware of any complaints of poor patient care.
2. I would ask the immediate supervisor (i.e., unit manager, charge nurse) to watch Laura's behavior.
3. I would ask the immediate supervisor (i.e., unit manager, charge nurse) on Laura's shift whether he or she has heard of complaints about Laura's patient care.
4. I would ask the other nurses whether they were aware of any complaints of poor patient care.
5. I would ask the other nurses on Laura shift to watch her behavior.
6. I would ask the nurses on Laura's shift if they have heard of complaints about her patient care.
7. I would notify the other nurses about Laura's failure to follow proper procedure.
8. Because of the circumstances surrounding Laura, I would first notify officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor of Laura's behavior.
9. I would ask the officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor whether they were aware of any complaints of poor patient care.

Table 4.9  
CONFIRMATORY FACTOR ANALYSIS RESIDUALS FOR  
1 FACTOR MODEL

	1	2	3	4	5	6	7	8	9
1	0.00								
2	9.43	0.00							
3	10.51	9.73	0.00						
4	1.27	-0.96	0.55	0.00					
5	-1.29	0.59	-0.75	-1.89	0.00				
6	-2.95	-2.66	-2.06	4.59	-1.31	0.00			
7	-1.95	-1.83	-1.99	-3.75	4.33	0.02	0.00		
8	2.52	2.48	0.96	0.21	-1.88	-1.68	1.67	0.00	
9	2.90	2.86	2.62	0.79	-1.08	-1.84	-0.20	10.29	0.00

Table 4.10  
LISREL UNWEIGHTED LEAST SQUARES ESTIMATES FOR 1 FACTOR MODEL

(SUPERVISOR, NURSES, AND ADMINISTRATION)

1	0.37
2	0.53
3	0.57
4	1.50
5	1.42
6	1.58
7	1.03
8	0.19
9	0.29



Hypothesis 1 predicted that the perceived severity of the wrongdoing to the patient would be related to the likelihood of reporting a wrongdoing through the proper channels. An analysis of variance was conducted on both conditions of severity (i.e., high, low) across each scale. Results indicated a significant relationship between severity of the wrongdoing to the patient and the decision to report the incident to the immediate supervisor ( $F(1,256) = 6.44, p < .01$ ) (see Table 4.11).

Table 4.11

Supervisor

Analysis Of Variance

<u>Source of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	472.19	256	1.84		
Regression	.55	1	.55	.30	.59
Close	16.58	1	16.58	8.99	.00*
Severe	11.87	1	11.87	6.44	.01*
Close By Severe	1.98	1	1.98	1.07	.30

Significance was not indicated with reporting the wrongdoing to other nurses ( $F(1,256) = .02, p > .88$ ), to administration ( $F(1,256) = 2.47, p > .12$ ), or having confidence in management ( $F(1,256) = .11, p > .74$ ) (see Table 4.12).

Table 4.12

Nurses

Analysis Of Variance

<u>Source of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	536.97	256	2.10		
Regression	.40	1	.40	.19	.66
Close	.04	1	.04	.02	.88
Severe	1.65	1	1.65	.79	.38
Close By Severe	1.75	1	1.75	.83	.36

Administration

Analysis Of Variance

<u>Source of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	296.75	256	1.16		
Regression	.47	1	.47	.41	.52
Close	2.86	1	2.86	2.47	.18
Severe	.28	1	.28	.24	.63
Close By Severe	3.70	1	3.70	3.19	.08

Table 4.12 (Continued)

<u>Confidence</u>					
<u>Analysis Of Variance</u>					
<u>Source of Variation</u>	<u>SS</u>	<u>DF</u>	<u>MS</u>	<u>F</u>	<u>F Sig.</u>
Within Cells	391.58	256	1.53		
Regression	.03	1	.03	.02	.89
Close	.16	1	.16	.11	.74
Severe	1.12	1	1.12	.73	.39
Close By Severe	.40	1	.40	.26	.61

Hypothesis 2 predicted that the closeness of the observer and the wrongdoer would be related to the likelihood of reporting a wrongdoing through the proper channels. An analysis of variance was also conducted on both conditions of closeness (i.e., close, not-close) across each scale. Results indicated a significant relationship between relational closeness and the decision to reveal the wrongdoing to a supervisor ( $F(1,256) = 8.99, p < .00$ ) (see Table 4.11) Significance was not indicated with reporting the wrongdoing to other nurses ( $F(1,256) = .02, p > .88$ ), to administration ( $F(1,256) = 2.47, p > .18$ ), and having confidence in management ( $F(1,256) = .11, p > .74$ ) (see Table 4.12).<sup>1</sup>

---

<sup>1</sup> The effect size accounted for 6 percent of the variance for both closeness and severity. While it is significant, it is a modest effect.

### DISCUSSION

Results indicated that registered nurses were less likely to report a wrongdoing on a close friend to a supervisor. The more severe the wrongdoing, however, the more likely the incident would be reported through the proper channels. The registered nurses also indicated they would not report the wrongdoing to other staff nurses or to administration. Finally, the registered nurses indicated if the described wrongdoing was reported, they would not be fearful of organizational or coworker retaliation.

### SUMMARY

The purpose of this chapter was to describe the final study for this project. Several changes occurred within the survey in order to enhance the significance, reliability, and response rate. The final study displayed an increase in each factor. Chapter 5 provides a discussion and some concluding remarks regarding this project.

CHAPTER FIVE  
SUMMARY AND CONCLUSIONS

The focus of the dissertation was to examine variables that may affect or influence nurses reporting of a wrongdoing. Two hypotheses were proposed in Chapter 1; specifically, it was predicted that the perceived severity of the wrongdoing to the patient would be related to the likelihood of reporting a wrongdoing through the proper channels. Second, it was predicted that the closeness of the observer and the wrongdoer would be related to the likelihood of reporting a wrongdoing through the proper channels. Other related information was collected as well. Below is a brief overview and discussion of the results.

To test the two hypotheses proposed in Chapter 1, a pilot study was conducted over a three month period. A 314 bed, acute-care hospital, located in a small midwestern town volunteered to participate in this study. There were 496 registered nurses on staff at this hospital.

To measure interpersonal closeness and issue seriousness in regards to disclosing a wrongdoing, four hypothetical scenarios were constructed with the assistance of registered nurses. Each scenario described a registered nurse committing a wrongdoing within a hospital. Characters within the scenarios were portrayed either as close or as not-close friends. Severity of the wrongdoing to the

patient was operationalized as either high or low. High severity was defined as administering the wrong medication to a patient. Low severity was defined as omitting personal hygiene between patient visits.

Each scenario was validated by registered nurses at two different health care facilities. The registered nurses at both facilities were able to perceive the interpersonal closeness and severity of the wrongdoing to the patient described in the scenarios. A registered nurse who functioned as a consultant with the scenario section provided statements for which respondents could report the wrongdoing. Respondents could report the wrongdoing to their immediate supervisor(s), other nurses, or to administration.

All 496 registered nurses at this hospital were given a survey. A total of 39 surveys were returned for a response rate of 7.9%.

Due to the low response rate, a Confirmatory Factor Analysis could not be performed on the whistleblowing scales and statements. Likewise, the low response rate may have affected the borderline reliability of two of the whistleblowing scales.

An analysis of variance was conducted across both conditions of closeness (i.e., close, not-close) and severity (i.e., high, low). Results indicated interpersonal closeness and severity of the wrongdoing to the patient did

not perform a significant role in the decision to report a wrongdoing.

The low response rate negatively affected the statistical power of the tests. The 39 respondents provided a power of only .60 to detect a medium effect size, and only .13 power for detecting a small effect size.

Respondents, however, provided interesting information in regards to disclosing a wrongdoing within their hospital. It was indicated that in reporting a wrongdoing, a nurse would follow the proper chain of command for disclosure; that is, a wrongdoing would be reported to an immediate supervisor and not directly to members of upper management (i.e., director of nursing, administration, et cetera). Respondents indicated that reporting a wrongdoing initially to an immediate supervisor is important for security and documentation purposes within the hospital. That is, if a situation develops in which the wrongdoing is questioned by members of upper management or the state board of nursing, the nurse and the immediate supervisor both have documented proof of the wrongdoing.

In reporting a wrongdoing, the registered nurses at this hospital were trusting that their immediate supervisor would eliminate the problem. According to Miceli and Near (1992), "supervisory trust is associated with higher perceptions of efficacy and more use of the chain of command as an internal whistle-blowing channel" (p. 167). That is,

registered nurses who trust their immediate supervisor exhibit more upward communication than do other organizational members (Miceli & Near, 1992). Greater trust and confidence result when the registered nurses perceive their immediate supervisor as one who possesses the power to eliminate the wrongdoing, and is "successful in upward interactions" (Miceli & Near, 1992, p. 167).

As mentioned earlier, the power of the complaint recipient is vital in bringing about effective change in an organizational wrongdoing. Comments received from the respondents alluded to the issue of the immediate supervisor's power in regards to effecting change in a wrongdoing. According to Miceli and Near (1992), "complaint recipients may possess the power to change the wrongdoing, particularly if the recipient is a high-level manager or someone who is in another position that allows greater influence in reporting organizational wrongdoing" (p. 73). The registered nurses, however, noted if the complaint recipient (i.e., immediate supervisor(s)) lacked the power to bring about change, the wrongdoing would be reported to other members of upper management.

Due to the low response rate obtained in the first study, a second test was conducted using a revised version of the pilot survey. Several respondents who participated in the pilot study indicated problems in regards to the construction and content of the survey. For example,



comments received from the pilot study indicated that hospitals differ in their chains of command. The chain of command described in the pilot study followed a general hospital organization chart. It did not represent the way the nurses' perceived the actual operation for disclosing a wrongdoing within their hospital. With the second study, the director of nursing provided the proper chain of command for registered nurses reporting a wrongdoing within their hospital.

Second, comments received from the registered nurses in the pilot study noted that a few of the whistleblowing statements were vague. These statements were found within the administration scale of the survey. Such statements were revised to include not only the proper chain of command for disclosing a wrongdoing, but also to clarify any ambiguity that was perceived in the initial statements.

Third, two additional whistleblowing scales were tested in the second study, namely, reporting a wrongdoing anonymously and having confidence in management. The anonymity and confidence in management scales did not focus upon the recipient of the complaint (i.e., wrongdoing). These scales examined organizational and coworker retaliation, and methods of blowing the whistle anonymously within a company.

Finally, the six-point Likert scale used within the pilot study was revised. The scale used in the pilot study

was perceived as being vague when selecting an item. It was assumed that a better description of each point would enhance the reliability of the whistleblowing scales.

A Confirmatory Factor Analysis was performed on the revised whistleblowing scales (i.e., nurses, supervisor, and administration). The anonymity and confidence in management scales were not included in the analysis because they did not focus upon the recipient of the complaint. The analysis revealed that the whistleblowing statements fit the nurses, supervisor, and administration scales that were constructed.

An analysis of variance was conducted across both conditions of closeness (i.e., close, not-close) and severity (i.e., low, high). Significance was indicated among some of the individual statements but not across whistleblowing scales. For example, "I would ask the other nurses on Laura's shift to watch her behavior" was found to be significantly different with severity and closeness. Likewise, "I would consult with the immediate supervisor regarding patient complaints against Laura" indicated significance with closeness.

The registered nurses who participated in this study also provided interesting comments pertaining to whistleblowing. Numerous nurses reflected upon the issue that relational closeness between an observer and wrongdoer would perform an important role in whether or not a wrongdoing was reported. For example, one nurse noted that

filling out incident reports against colleagues, especially friends within a hospital, would be extremely difficult. Another nurse stated, "I would try to talk to her (i.e., wrongdoer) and deal with the problem myself. If, she was caught on her own, then so be it." Likewise, "If, Laura was my friend and I saw the described situation, I would not report her."

Whistleblowing research has not examined the issue of interpersonal closeness and reporting a wrongdoing. Researchers (Greenberger et al., 1987; Miceli & Near, 1992), however, have examined the issue of cohesiveness and group conformity in regards to whistleblowing. According to the literature on conformity, groups establish norms governing members' behavior. From a whistleblowing perspective, depending upon the norms established by a group, its members may encourage or discourage the reporting of an organizational or individual wrongdoing (Greenberger et al., 1987).

Within this study, several registered nurses indicated they would be apprehensive in reporting a wrongdoing committed by a colleague. Various reasons could account for this behavior. For example, the nurse may fear that by exposing the wrongdoing, the person committing the offense may lose his or her job or license. Or, reporting the wrongdoing may disrupt group loyalty among the nursing staff (Greenberger et al., 1987). On the other hand, a nurse may

be apprehensive in reporting a wrongdoing for fear of retaliation by other nurses (Miceli & Near, 1992). Finally, a nurse may not report a wrongdoing because she or he may be dependent upon other nurses within the organization. That is, a nurse who is less competent or skilled in a particular area may be more dependent upon group members and more likely to conform to a wrongdoing than those who are more competent and skilled (Greenberger et al., 1987).

Due to the lack of statistical significance found among the whistleblowing scales in the second study, a third test was administered to a different set of registered nurses. To enhance the whistleblowing scales, several changes were made within the survey.

First, revisions occurred within two of the four scenarios. A hospital consultant noted that within the two high severity conditions, drug abuse might appear to be a problem for one of the characters. That is, the individual not exhibiting signs or symptoms of physical fatigue (even though both characters are working the same amount of hours) implies that drug are involved in the situation. These statements were revised to focus only upon patient care and not on the character's possible drug abuse.

Second, the hospital consultant noted that filling out incident reports are normal procedures when an error or wrongdoing is committed. This procedure was not mentioned

in the high severity condition. The consultant recommended that information be included to the scenario.

Third, to increase the reliability of each whistleblowing scale, several statements were revised. These statements were found within the supervisor and nurses whistleblowing scales. Statements in both scales were revised to focus upon the quality of poor patient care and the behavior of the wrongdoer in the scenario. Additional statements were included in both scales with the goal of enhancing their reliability.

Fourth, the anonymity scale was eliminated from the third study. Responses received from the registered nurses noted that reporting a wrongdoing anonymously would not be an effective means of terminating a wrongdoing. If a patient's safety is in danger, the nurse should disclose his or her identity so that the wrongdoing or wrongdoer's act can be terminated.

Finally, the director of nursing at this hospital provided the proper chain of command for nurses reporting a wrongdoing. That information was placed in each scenario along with the appropriate whistleblowing scale.

A Confirmatory Factor Analysis was conducted across each whistleblowing scale (i.e., nurses, supervisor, and administration). The confidence in management scale was not included in the analysis. As mentioned earlier, the confidence scale measured organizational and coworker

retaliation, while the remaining scales focused upon the recipient of the complaint.

The Confirmatory Factor Analysis revealed a good fit for statements used within the nurses, supervisor, and administration scales. That is, the analysis revealed that items fit the scales that were constructed.

An analysis of variance was conducted on both conditions of severity (i.e., low, high) and closeness (i.e., close, not-close) across each scale. Respondents indicated that the severity of the wrongdoing to the patient does perform a vital role in whether or not an incident is reported. That is, the more serious the wrongdoing, the more likely the wrongdoer will be reported. Respondents perceived that injecting a patient with the wrong medication as a serious wrongdoing that should be reported to the immediate supervisor. These results relate to studies that indicate the decision to reveal a wrongdoing depends upon the type and severity of the wrongdoing (Miceli et al., 1991; Graham 1986).

Miceli and Near (1992) have examined whistleblowing and issue seriousness. According to Miceli and Near (1992), the decision to report a wrongdoing depends upon the severity of the incident and the consequences of the wrongdoing. A serious wrongdoing need only to occur once before it is reported by an observer (Graham, 1986). For example, one nurse stated, "I would by no means ask other people to watch

her or go to administration unless I felt someone was in serious danger." Along these same lines, another nurse commented that filling out an incident report depends upon the seriousness of the offense and the repetitive nature of the wrongdoing.

Finally, results indicated relational closeness between an observer and a wrongdoer does perform a key role in the decision to report a wrongdoing. That is, respondents indicated they would be less likely to report a close friend who had committed a wrongdoing. A couple of reasons could account for the significance. First, as indicated earlier, reporting a close friend would likely foster the perception of disloyalty or betrayal, resulting in the loss of a friend. Second, employees within the organization may perceive the betrayal as grounds to ostracize the person. That is, the betrayal perceived by other members of the organization would foster perceptions of distrust in regards to the person who reported his or her friend.

Respondents indicated they would not report the wrongdoing to other nurses. A couple of reasons could account for this response. First, a nurse may not receive peer support for reporting a wrongdoing to other nurses. That is, the other staff nurses may overlook the wrongdoing or perceive a serious offense as minor. Second, reporting an incident to other nurses may not bring a prompt response in terminating the wrongdoing. Staff nurses may apply peer

pressure in an attempt to terminate the wrongdoing; however, the offense may continue until a supervisor is notified.

Respondents also indicated they would not report the wrongdoing to administration (i.e., director of nursing, administrator, et cetera). A couple of reasons could account for this response. First, a wrongdoing that is initially reported to the director of nursing would be referred to the immediate supervisor on that shift. The director of nursing would follow the correct procedures for reporting a wrongdoing within a hospital. Second, nurses may perceive a distant relationship between themselves and upper management. That is, staff nurses are in daily contact with the immediate supervisor on their shift. By contrast, the staff nurses' only contact with upper management may be during annual or quarterly meetings. Furthermore, upper management may not be aware of the medical issues or problems involved with a specific patient. Because of that relational distance, a registered nurse may be apprehensive in approaching a member of upper management regarding a wrongdoing.

Finally, the registered nurses were not fearful of organizational or coworker retaliation (i.e., confidence in management scale) in regards to reporting the wrongdoing described in the scenario. A nurse stated, "...it is my duty to protect patients from potential harm. I have



professional pride. A nurse giving below standard care reflects badly upon all of us."

As mentioned earlier, respondents who participated noted they would report a severe wrongdoing to their immediate supervisor. A majority of the respondents who stated they would report the wrongdoing, however, did not use the extreme points on the whistleblowing scales. That is, even though the respondents noted they would report the wrongdoer, there existed a slight hesitancy to report a nursing colleague.

Several reasons could account for this behavior. For example, the intentionality (i.e., intentional wrongdoing versus poor judgement) of the wrongdoer may weigh into a nurse's decision to report a wrongdoing. For instance, one registered nurse commented:

I think there are many factors that weigh into how one reaches a conclusion as to whether or not the incident was accidental, harmful to someone, a continuing problem, or whether to report to management. With the involvement of so much technology and the fact that human error is always possible mistakes do occur.

Another reason that may account for this behavior is that the nursing staff may lack confidence in upper

management in correcting the wrongdoing. For example, a registered nurse noted:

I have found in my experience that management proceeds very slowly in matters such as these. My charge nurse has in the past put the problem back on us. The coworkers were told to deal with it by (1) watching the individual, (2) assisting her, (3) providing instruction, training, advice when we see something amiss, and (4) taking the more difficult or complaining patient ourselves.

Finally, a nurse's past record in regards to providing quality patient care may function as a key factor. That is, if the nurse has a record of providing good patient care, a colleague may be hesitant in reporting the offense to his or her supervisor.

Although none of the whistleblowing scales were found to be significant within the first two studies (i.e., Pilot and Hospital Study II), respondents indicated by the statistical mean scores that the described wrongdoing would more likely be reported to an immediate supervisor (Pilot  $\bar{X} = 4.47$ ; Study II  $\bar{X} = 5.29$ ). Respondents also indicated they would be less likely to report the wrongdoing to other nurses, or to the administration across all three whistleblowing scales (Pilot (Nurses)  $\bar{X} = 3.52$ , (Administration)  $\bar{X} = 3.40$ ); Study II (Nurses)  $\bar{X} = 2.76$ ,

(Administration)  $\bar{X} = 2.38$ ); Study III (Nurses)  $\bar{X} = 2.52$ ,  
(Administration)  $\bar{X} = 1.65$ )

Using the information gathered from appendix B (i.e., Nurses' Perceptions of Whistleblowing I) nurses report wrongdoings that involve rules or regulations not being followed, practices that threaten patient safety, mismanagement, abuse of authority, et cetera. Each of these factors may be addressed at the supervisory level depending upon the knowledge and experience of the supervisor. On the other hand, if confronted with a more severe wrongdoing, such as widespread organizational corruption or embezzlement, a nurse may bypass his or her immediate supervisor and report the wrongdoing to a member of upper management.

The whistleblowing that was reported by the nurses was limited to reports of wrongdoings committed by other staff nurses. The frequency of responses for reports of wrongdoings committed by physicians or other top management personnel was low. Fifty-three percent of the respondents indicated that the subject of the wrongdoing was either another staff nurse or the director of nursing. In this case, since the wrongdoer is a member of the nursing staff, and the wrongdoing did not involve widespread organizational corruption, the observer would follow the proper chain of command and report the wrongdoing to the immediate supervisor.

Of the wrongdoings reported in appendix B, a large majority of the registered nurses indicated they had reported coworkers who did not follow the rules and regulations defined by the state board of nursing or the hospital. The state board of nursing provides all hospitals and other health care facilities with rules and regulations regarding the disposal of narcotics, documentation of records, drugs, and numerous other areas. Staff nurses perceive these rules as a format for ensuring quality patient care within a hospital. A nurse who does not abide by the board's rules is perceived as possibly placing a patient's safety in danger as well as his or her nursing colleagues. Depending upon the situation, staff nurses who do not abide by the rules and regulations of the state board are subject to disciplinary action by the hospital and the board of nursing.

Respondents also indicated they would not report the wrongdoing to other staff nurses. Reporting a wrongdoing to other staff nurses will not eliminate the wrongdoing. The nurse who is committing the wrongdoing may request a different shift or unit, thus, the wrongdoing may go unnoticed for months. By reporting the wrongdoing to an immediate supervisor, other staff supervisors will be notified of the nurse's behavior. Furthermore, if the wrongdoing is extremely serious, the immediate supervisor

can notify members of upper management who can inform the state board of nursing.

Within the second study, the registered nurses indicated by the statistical mean they would not report the wrongdoing anonymously ( $\bar{X} = 1.82$ ). Although anonymous reports may protect the observer of the wrongdoing, the investigation may be hampered by the anonymity. Furthermore, the immediate supervisor, members of upper management, or officials contacted external to the organization, may perceive the report as a hoax or trick if an initial investigation does not uncover the wrongdoing or wrongdoer.

Finally, respondents indicated in the second and third study that if the described wrongdoing was reported, they were not fearful of organizational or coworker retaliation (Study II  $\bar{X} = 3.87$ ; Study III  $\bar{X} = 4.23$ ). It is assumed that a more serious organizational wrongdoing, such as widespread organizational corruption, may cause a nurse to consider retaliation. Since the described wrongdoings, however, focused upon patient safety and not providing quality care, the nurses were not fearful of retaliation.

### CONCLUDING REMARKS

In carrying out this study, various restrictions were placed on the researcher in collecting the data. First, the researcher was not allowed to interview nurses in regards to reporting wrongdoings within their hospital. Interviews permit a researcher to question respondents personally about a research topic (Frey et al., 1991). The researcher had available only the comments received from the respondents to make generalizations regarding the results. It was assumed that the hospital's administration would perceive conducting on-site interviews as disrupting the environment of the hospital, or possibly contributing to other organizational problems.

Second, with two of the studies, the respondents had to return the survey by mail. The researcher was not allowed to enter the hospitals to collect the surveys. Research has shown that surveys returned by mail generally have a low response rate; usually, subjects either forget about the survey or discard the study. A higher response rate may have occurred if the researcher was allowed to enter the hospitals to collect the data.

Researchers interested in investigating whistleblowing among registered nurses might consider testing nurses who are members of a state or regional nursing association. This procedure may provide a larger response rate. That is, because of the anonymity of the survey, a nurse may be more

likely to respond and provide valuable comments regarding wrongdoings within his or her hospital or organization.

Finally, a researcher might consider testing different samples of registered nurses. According to Miceli and Near (1992), "Repeated testing of research findings using different methods and with different samples will allow us to draw stronger conclusions about the whistleblowing process ..." (p. 44). On the other hand, repeated testing of research findings using different methods may cause a researcher to improperly interpret the data (Miceli & Near, 1992).

There are several limitations to this study. First, as mentioned earlier, each response was clearly hypothetical. In a case of actual wrongdoing, respondents may differ in their response from what was reported. Second, these findings are not generalizable to all organizations. That is, the samples used within this study may not generalize to other organizations because the structure was defined in reporting a wrongdoing. The nurses reported that wrongdoings committed within their hospital would be reported to the immediate supervisor. In other organizational cultures, such as academia, a university professor may be reluctant to report a wrongdoing to the departmental chairperson and instead disclose the incident to the dean of the university.

Third, closeness as defined in this study was limited to subjects either being close or not-close friends. Depending upon the frequency of interaction, however, individuals can be physically but not relationally close. For example, in a work environment, individuals may work together for several months and be physically but not relationally close. In this case, the frequency of the interaction between the two workers may impede the reporting a wrongdoing. That is, even though the two workers are not relationally close, the observer of the wrongdoing may be reluctant to report his or her coworker due to the daily contact between the two individuals.

Fourth, this study did not address the issue of whistleblowing among hospital units. Depending upon the hospital unit, staff nurses may interpret the low severity infraction differently. For example, nurses within the burn unit and contagious diseases perceived hand-washing as a high severity condition. Staff nurses within other units, however, perceived hand-washing as a minor offense. Even though a large majority of the respondents perceived hand-washing as a minor offense, it is apparent that severity differs according to the hospital's unit.

Fifth, it is assumed that some staff nurses may have the opportunity to observe more wrongdoings due to their hospital unit. That is, nurses who are employed in areas such as surgery, emergency room, intensive care, et cetera,



may be more likely to observe a wrongdoing being committed by a coworker. Staff nurses employed in other units may also observe coworker wrongdoings, but due to the amount of "stress" associated in areas such as surgery, emergency room, et cetera, wrongdoings may be more likely to occur.

Sixth, research (Miceli & Near, 1992) has examined the issue of gender and reporting a wrongdoing. These studies, however, have failed to examine gender in regards to the observer of the wrongdoing and the wrongdoer (Miceli & Near, 1992). Within the present study, the gender of the characters within the scenarios remained constant (i.e., both were female). Likewise, the recipient of the complaint was also assumed to be female. The present study, however, did not consider if the complaint recipient was a male, or if the wrongdoer or observer was male, would the wrongdoing still be reported across conditions of opposite genders.

Finally, whistleblowing studies have not examined the issue of ethnicity and reporting a wrongdoing. Would the ethnicity of the wrongdoer or observer affect the decision on whether or not to report a wrongdoing? Would the ethnicity of the complaint recipient influence or affect the reporting of a wrongdoing? Empirical whistleblowing studies should examine these and other related problems.

**APPENDIX A**  
**HONESTY SCALE**

### HONESTY

The focus of this section was to measure the honesty level of each registered nurse. Originally, it was part of the proposed study. Reliability problems prevented a valid consideration of this issue. It is reported here to provide further information to others contemplating this issue.

This section proposed that there would be a significant relationship between an individual's honesty level, and the likelihood of reporting a wrongdoing through the proper channels. The honesty level of the respondents could not be manipulated, and thus would serve as a co-variate that was expected to have an impact on the other variables.

Researchers (Homant & Rokeach, 1970; Ravlin & Meglino, 1987; Rokeach, 1973) have examined the relationship between honesty and situational wrongdoing. Specifically, Shotland and Berger (see Rokeach, 1973) found a direct relationship between an individual's honesty level and wrongdoing. These researchers (i.e., Shotland & Berger) discovered that depending upon how a person rank-orders his or her values will have a direct link to that person's overt actions. Therefore, it was assumed nurses who rate honesty highly within their value structure should be more likely to reveal a wrongdoing within their organization. On the other hand, nurses who rate honesty lower within their value structure should be less likely to disclose a wrongdoing.

Scott's Personal Value Scale (see Braithwaite & Scott, 1991) was employed to measure an individual's honesty level in revealing a wrongdoing (.80 reliability). Each nurse answered ten honesty statements and indicated on a three point Likert scale (i.e., 3=always dislike, 2=depends on situation, 1=always admire) whether it is something they always admire in other people, something they dislike, or if it depends on the situation. These researchers (i.e., Braithwaite & Scott, 1991) tested construct validity by examining the correlations among traits which "people personally admire", consider "the right thing to do", and "what other people should admire" (Braithwaite et al., 1991, p. 727). Construct validity for the honesty scale was found to be .69 (Braithwaite et al., 1991).

#### SCALE RELIABILITY

The reliability of the honesty scale using Cronbach's alpha was found to be .33. Attempts to pair factors in order to raise the reliability coefficient proved unsuccessful. Therefore, because of the low reliability coefficient, the honesty data was not included in the statistical analysis. The following section provides the honesty scale, the frequency of responses, means, standard deviations, and correlation coefficients.

DIRECTIONS

Read over the following statements and for each one indicate (by circling the number) whether it is something you always admire in other people, something you always dislike, or something that depends on the situation whether you admire it or not.

1. Never cheating or having anything to do with cheating situations, even for a friend.

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	33	84.6	84.6	84.6
2	4	10.3	10.3	94.9
3	2	5.1	5.1	100.0
Total	—	—	—	
	39	100.0	100.0	

**2. Always telling the truth, even though it may hurt oneself  
or others.**

	1	2		3
	ALWAYS	DEPENDS ON		ALWAYS
	ADMIRE	SITUATION		DISLIKE
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	13	33.3	33.3	33.3
2	26	66.7	66.7	100.0
Total	—	—	—	
	39	100.0	100.0	

**3. Never telling a lie, even though to do so would make the  
situation more comfortable.**

	1	2		3
	ALWAYS	DEPENDS ON		ALWAYS
	ADMIRE	SITUATION		DISLIKE
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	16	41.0	41.0	41.0
2	22	56.4	56.4	97.4
3	1	2.6	2.6	100.0
Total	—	—	—	
	39	100.0	100.0	

**4. Sticking up for the truth under all circumstances**

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	33	84.6	84.6	84.6
2	6	15.4	15.4	100.0
Total	_____	_____	_____	
	39	100.0	100.0	

**5. Always representing one's own true thoughts and feelings honestly.**

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	25	64.1	64.1	64.1
2	14	35.9	35.9	100.0
Total	_____	_____	_____	
	39	100.0	100.0	

**6. Speaking one's mind truthfully, without regard for the consequences.**

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	5	12.8	12.8	12.8
2	33	84.6	84.6	97.4
3	1	2.6	2.6	100.0
Total	—	—	—	
	39	100.0	100.0	

**7. Testifying against friends, if need be, in order that the truth be known.**

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	19	48.7	48.7	48.7
2	19	48.7	48.7	97.4
3	1	2.6	2.6	100.0
Total	—	—	—	
	39	100.0	100.0	



**8. Volunteering information concerning wrongdoing, even if friends are involved.**

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	15	38.5	38.5	38.5
2	23	59.0	59.0	97.4
3	1	2.6	2.6	100.0
Total	---	---	---	
	39	100.0	100.0	

**9. Helping a close friend get by a tight situation, even though one may have to stretch the truth a bit to do it.**

	1	2	3	
	ALWAYS	DEPENDS ON	ALWAYS	
	ADMIRE	SITUATION	DISLIKE	
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
1	1	2.6	2.6	2.6
2	30	76.9	76.9	79.5
3	8	20.5	20.5	100.0
Total	---	---	---	
	39	100.0	100.0	

**10. Telling falsehoods in order to help other people.**

	1	2		3
	ALWAYS	DEPENDS ON		ALWAYS
	ADMIRE	SITUATION		DISLIKE
<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	1	2.6	2.6	2.6
2	8	20.5	20.5	23.1
3	30	76.9	76.9	100.0
Total	_____	_____	_____	
	39	100.0	100.0	

Table A.1

MEANS AND STANDARD DEVIATIONS FOR HONESTY SCALE STATEMENTS

<u>Item No.</u>	<u>Mean</u>	<u>Standard Deviation</u>
Honesty #1	1.21	.52
Honesty #2	1.67	.48
Honesty #3	1.62	.54
Honesty #4	1.15	.37
Honesty #5	1.36	.49
Honesty #6	1.90	.38
Honesty #7	1.54	.55
Honesty #8	1.64	.54
Honesty #9	2.18	.45
Honesty #10	2.72	.60

Honesty Statements

1. Never cheating or having anything to do with cheating situations, even for a friend.
2. Always telling the truth, even though it may hurt oneself or others.
3. Never telling a lie, even though to do so would make the situation more comfortable.
4. Sticking up for the truth under all circumstances
5. Always representing one's own true thoughts and feelings honestly.
6. Speaking one's mind truthfully, without regard for the consequences.
7. Testifying against friends, if need be, in order that the truth be known.
8. Volunteering information concerning wrongdoing, even if friends are involved.
9. Helping a close friend get by a tight situation, even though one may have to stretch the truth a bit to do it.
10. Telling falsehoods in order to help other people.

Table A.2  
CORRELATION COEFFICIENTS FOR HONESTY SCALE STATEMENTS

	1	2	3	4	5	6	7	8	9	10
1	1.000									
2	-.035	1.000								
3	.192	.405*	1.000							
4	-.318	.151	.305	1.000						
5	-.090	.076	.137	.125	1.000					
6	-.155	.096	.058	.115	.061	1.000				
7	-.028	.199	.268	-.160	.435**	.019	1.000			
8	.176	.034	.055	-.113	.103	.072	.224	1.000		
9	.063	-.081	-.330	-.012	.058	-.347*	.024	.055	1.000	
10	-.062	-.152	-.179	.082	.174	-.128	-.084	-.158	.190	1.000

(\*) - Signif. LE .05

(\*\*) Signif. LE .01

(2-tailed)

**APPENDIX B**  
**NURSES' PERCEPTIONS OF WHISTLEBLOWING I**

NURSES' PERCEPTIONS OF WHISTLEBLOWING I

Section two of the pilot study examined nurses' perceptions of corporate or individual wrongdoing within an organization. The focus of this section was to determine if the nurses had observed organizational or individual wrongdoing, and if the incident was reported through the proper channels.

Each nurse was asked 26 questions regarding the reporting of organizational or individual wrongdoing within their company in the past 12 months. The questions primarily focused upon the wrongdoing, disclosure of the incident, the wrongdoer, organization and coworker reactions, the consequences of reporting, and the observer's perceived effectiveness in reporting the wrongdoing. The following section provides the frequency of responses for each question.

Directions: The following questions ask your opinion about the practice of reporting organizational wrongdoing. During the last 12 months, have you encountered an incident, or a series of incidents, that led you to attempt to correct something you thought was inappropriate in your organization? If yes, I would like to gather some information about the wrongdoing. Then, I will ask some questions regarding how you responded to the wrongdoing.

**1. How long have your worked for the organization?**

- |                     |                      |
|---------------------|----------------------|
| 1. less than 1 year | 5. 5.5 to 6.5 years  |
| 2. 1 to 2 years     | 6. 7 - 8 years       |
| 3. 2.5 to 3.5 years | 7. More than 8 years |
| 4. 4 to 5 years     |                      |

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	1	2.6	2.6	2.6
1	3	7.7	7.7	10.3
2	2	5.1	5.1	15.4
3	3	7.7	7.7	23.1
4	6	15.4	15.4	38.5
5	4	10.3	10.3	48.7
6	2	5.1	5.1	53.8
7	17	43.6	43.6	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

**2. What led to the wrongdoing? (Please "X" only one box)**

       Rules or regulations were not being followed

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	28	71.8	71.8	71.8
1	11	28.2	28.2	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

       Practices within the organization that threatened worker health and safety

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	34	87.2	87.2	87.2
1	5	25.6	25.6	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

       Corruption (i.e., where someone inappropriately benefitted from a decision of the organization, by using monies, facilities or resources for personal gain; illegal, immoral or illegitimate practices)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

\_\_\_ Misrepresentation (where false statements were made, or documents or reports were falsified)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Waste (where resources were being used inefficiently)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	36	92.3	92.3	92.3
1	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Abuse of authority

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	36	92.3	92.3	92.3
1	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Mismanagement

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Censorship (where someone was prevented from expressing themselves on a matter of public concern)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Something else

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	31	79.5	79.5	79.5
1	8	20.5	20.5	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	



3. Who or what was the subject of the wrongdoing? (Please "X" all that apply)

       My immediate supervisor

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       Someone above my immediate supervisor, but not top management  
(i.e., administration, director of nursing, medical staff, etc.)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       Director of Nursing

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	18	46.2	46.2	46.2
1	21	53.8	53.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       Co-worker

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	18	46.2	46.2	46.2
1	21	53.8	53.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       Physician

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ General administration or policy in my organization rather than a particular person

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

4. How did you find out about the wrongdoing? (Please "X" all that apply)

\_\_\_ I personally observed it happening

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	22	56.4	56.4	56.4
1	17	43.6	43.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I came across direct evidence

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	31	79.5	79.5	79.5
1	8	20.5	20.5	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I was told by an employee directly involved in the activity

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	26	66.7	66.7	66.7
1	13	33.3	33.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I was told by someone not directly involved in the activity

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I read about it in an internal company memo

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I found out through some other means not listed above

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

5. If an employee of this organization caused the wrongdoing, what type of position did that individual hold at the time?

- |                    |                |
|--------------------|----------------|
| 1. Medical staff   | 6. Dietary     |
| 2. Administrator   | 7. Accounting  |
| 3. Nursing         | 8. Maintenance |
| 4. Housekeeping    | 9 Other        |
| 5. Medical records |                |

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	9	23.1	23.1	23.1
1	2	5.1	5.1	28.2
2	1	2.6	2.6	30.8
3	24	61.5	61.5	92.3
9	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

**6. What position did you hold at the time of the wrongdoing?**

- |                    |                |
|--------------------|----------------|
| 1. Medical staff   | 6. Dietary     |
| 2. Administrator   | 7. Accounting  |
| 3. Nursing         | 8. Maintenance |
| 4. Housekeeping    | 9. Other       |
| 5. Medical records |                |

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	8	20.5	20.5	20.5
3	30	76.9	76.9	94.7
9	1	2.6	2.6	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

**7. How often did you work with the individual(s) involved in the activity?**

- |             |                                    |
|-------------|------------------------------------|
| 1. daily    | 4. less than once a month          |
| 2. weekly   | 5. never worked with the person(s) |
| 3. biweekly |                                    |

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	9	23.1	23.1	23.1
1	7	17.9	17.9	41.0
2	12	30.8	30.8	71.8
3	4	10.3	10.3	82.1
4	3	7.7	7.7	89.7
5	3	7.7	7.7	97.4
6*	1	2.6	2.6	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

(\*) Respondent included "float position" on individual survey

**8. When you first became aware of this wrongdoing, how many other persons in your organization were aware (in your opinion) that this activity was occurring?**

- |                 |               |
|-----------------|---------------|
| 1. less than 10 | 4. 31 - 40    |
| 2. 11 - 20      | 5. 41 or more |
| 3. 21 - 30      |               |

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	9	23.1	23.1	23.1
1	22	56.4	56.4	79.5
2	3	7.7	7.7	87.2
3	2	5.1	5.1	92.3
5	3	7.7	7.7	100.0
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>100.0</b>	

9. If your co-workers were aware of this activity, how did they feel about it? (Please "X" all that apply)

\_\_\_ They thought no wrongdoing occurred

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	34	87.2	87.2	87.2
1	5	12.8	12.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They were unclear whether a wrongdoing had occurred or not

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They thought wrongdoing had occurred but it was not serious enough to report

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	36	92.3	92.3	92.3
1	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They thought wrongdoing had occurred but did not consider it their job to report it

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	30	76.9	76.9	76.9
1	9	23.1	23.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They thought wrongdoing had occurred but felt that reporting it would not have an effect

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	28	71.8	71.8	71.8
1	11	28.2	28.2	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They thought wrongdoing had occurred but believed that someone else would report it

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	36	92.3	92.3	92.3
1	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They thought wrongdoing had occurred but were afraid to report it

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ They thought wrongdoing had occurred and reported it

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	27	69.2	69.2	69.2
1	12	30.8	30.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

10. Did you report the activity to any individual or group who might have been able to bring about change? Note: merely discussing the matter with family members or mentioning it informally to coworkers is not a report.

1. yes  
2. no

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	8	20.5	20.5	20.5
1	23	59.0	59.0	79.5
2	8	20.5	20.5	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

11. If you did NOT report this activity to any individual or group, which of the following statements describes your reason(s) for NOT reporting it? (Please "X" all that apply)

     The activity had already been reported to someone else

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     I did not think the activity was important enough to report

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     I did not have enough evidence to report

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     I was not really sure to whom I should report the matter

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     I decided that reporting this matter was too great a risk for me.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     I did not want to get anyone in trouble

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I did not want to embarrass my organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I did not think that anything would be done to correct the activity.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I did not think that anything could be done to correct the activity.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ It was not part of my duties of the organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	36	92.3	92.3	92.3
1	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

12. Did anyone else within the organization act with you to report the activity or did you do it alone?

1. with others      2. alone

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	14	35.9	35.9	35.9
1	17	43.6	43.6	79.5
2	8	20.5	20.5	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	



13. Did you consult with anyone before deciding to report the wrongdoing?

1. yes  
2. no

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	14	35.9	35.9	35.9
1	15	38.5	38.5	74.4
2	10	25.6	25.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

14. If you answered YES to question 13, with whom did you consult?  
(Please "X" all that apply)

     Family

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Co-workers

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	27	69.2	69.2	69.2
1	12	30.8	30.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Superiors

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	32	82.1	82.1	82.1
1	7	17.9	17.9	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Union Representative

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

Attorney

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Friends outside the organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

15. To whom did you first report the incident? (PLEASE "X" ONE BOX)

1. immediate supervisor
2. administrator
3. medical staff
4. co-workers
5. a member(s) on the board of trustees
6. personnel office
7. a hot-line
8. a member of Congress
9. media (newspaper, radio, television, etc.)
10. Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	14	35.9	35.9	35.9
1	15	38.5	38.5	74.4
2	1	2.6	2.6	76.9
4	7	17.9	17.9	94.9
10	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

16. To whom else, if anyone, did you report the incident? (Please "X"  
all that apply).

       immediate supervisor

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	31	79.5	79.5	79.5
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       administrator

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	31	79.5	79.5	79.5
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       medical staff

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       co-workers

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	29	74.4	74.4	74.4
1	10	25.6	25.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       a member(s) on the board of trustees

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

       personnel office

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ a hot line

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ media (newspaper, radio, television, et cetera)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	33	84.6	84.6	84.6
1	6	15.4	15.4	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

17. What is the status of the complaint?

\_\_\_ I felt that my concerns have been completely addressed.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	25	64.1	64.1	64.1
1	14	35.9	35.9	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I felt that my concerns were satisfactorily resolved by compromise

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I stopped pursuing my claim because I became discouraged that any change would occur.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	34	87.2	87.2	87.2
1	5	12.8	12.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ I stopped pursuing my claim because I ran out of resources (i.e., money, time, etc.)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	34	87.2	87.2	87.2
1	5	12.8	12.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

18. Was anything changed as a result of your efforts?

1. yes                      2. no

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	15	38.5	38.5	38.5
1	15	38.5	38.5	76.9
2	9	23.1	23.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

19. What changed in the organization as the result of your efforts?  
(Please "X" all that apply)

\_\_\_ Management changes were made

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Personnel practices were corrected

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	33	84.6	84.6	84.6
1	6	15.4	15.4	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ People were transferred, replaced or not reappointed

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ My department was reorganized

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Policies were changed

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Safety practices were improved

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Indictments were obtained

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Money was saved

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	36	92.3	92.3	92.3
1	3	7.7	7.7	
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	34	87.2	87.2	87.2
1	5	12.8	12.8	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

20. What option below best describes the reaction of other members of your organization to your actions?

1. I received written or oral expressions of support for my actions from my peers
2. My peers expressed neither support nor disapproval of my action
3. My peers openly expressed their disapproval, but they did not attempt to exclude me from the group
4. My peers sought to sever their ties with me because of my action
5. My claim was anonymous so my peers were not aware of my action

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	15	38.5	38.5	38.5
1	16	41.0	41.0	79.5
2	5	12.8	12.8	92.3
5	3	7.7	7.7	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

21. Were any reprisals taken or threatened against you for reporting the wrongdoing?

1. yes
2. no

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	14	35.9	35.9	35.9
1	1	2.6	2.6	38.5
2	24	61.5	61.5	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

22. Did the reprisals take any of the following forms? (Please "X" all that apply).

Poor performance appraisal

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

Denial of promotion

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

Denial of opportunity for training

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

Assigned less desirable or less important duties in current job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

Transfer or reassignment to a different job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

Reassignment to a different geographic location

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	



Suspension from your job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Grade level demotion

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Fired from your job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

23. In response to the reprisal or threat of reprisal, did you take any of the following actions? (Please "X" all that apply)

     Took no actions

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

     Complained to a higher level of organization management

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Complained to some other office within my organization (Personnel office or EEO Office)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Filed a formal grievance within my organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Filed an EEO (discrimination) complaint

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

24. What happened as a result of the action specified in question 23?  
(Please "X" all that apply)

\_\_\_ It got me in more trouble

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ It made no difference

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ The threat of reprisal was withdrawn

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ The reprisal action itself was withdrawn

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Actions were taken to compensate me for the reprisal action

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

25. Do you feel you have enough information about where to report a wrongdoing now within your organization?

1. yes, I have more than enough information
2. yes, I have about the right amount of information for now
3. no, I would prefer to have more information

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	6	15.4	15.4	15.4
1	17	43.6	43.6	59.0
2	12	30.8	30.8	89.7
3	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

26. If you observed or had evidence of a wrongdoing, which one of the following would most encourage you to report it? (Please "X" one box)

\_\_\_ Knowing that I could report it and not identify myself

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	37	94.9	94.9	94.9
1	2	5.1	5.1	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Knowing that something would be done to correct the activity that if I reported it.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	19	48.7	48.7	48.7
1	20	51.3	51.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Knowing that I would be protected from any sort of reprisal

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	35	89.7	89.7	89.7
1	4	10.3	10.3	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Knowing that I could be given a cash reward if I reported it

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Knowing the problem was something I considered very serious

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	33	84.6	84.6	84.6
1	6	15.4	15.4	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Knowing that I could report it without people thinking badly of me

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	38	97.4	97.4	97.4
1	1	2.6	2.6	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	39	100.0	100.0	100.0
Total	<u>39</u>	<u>100.0</u>	<u>100.0</u>	

**APPENDIX C**  
**NURSES' PERCEPTIONS OF WHISTLEBLOWING II**

NURSES' PERCEPTIONS OF WHISTLEBLOWING II

The focus of this section was to determine if the nurses had observed organizational or individual wrongdoing, and if the incident was reported through the proper channels. Various questions were eliminated from this section that were present within the pilot study. This section focused upon the awareness and disclosure of the wrongdoing, coworker and organization reactions, and the observer's perceived effectiveness in reporting the wrongdoing.

Finally, the directions for completing this section was also revised. Nurses were given the opportunity to report any wrongdoing they may have encountered in this or another organization for which they were employed. This would allow the opportunity for the nurses to disclose current wrongdoings, or other unlawful activities that may have occurred in past or present employment. The following section provides the frequency of responses for each statement.

**Directions:** Below is a list of questions that ask your opinion about the practice of reporting an organizational wrongdoing. Carefully read each question and choose the appropriate response.

1. Have you ever encountered an incident, or a series of incidents, that led you to correct something you thought was inappropriate in this or another organization for which you were employed?

0. no

1. yes

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	42	35.6	35.6	35.6
1	76	64.4	64.4	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

2. How did you find out about the wrongdoing? (Please "X" all that apply)

       I personally observed it happening

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	67	56.8	56.8	56.8
1	51	43.2	43.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

       I came across direct evidence

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	86	72.9	72.9	72.9
1	32	27.1	27.1	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

       I was told by an employee directly involved in the activity

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	101	85.6	85.6	85.6
1	17	14.4	14.4	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I was told by someone not directly involved in the activity

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	108	91.5	91.5	91.5
1	10	8.5	8.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I read about it in an internal company memo

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I found out through some other means not listed above

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	115	97.5	97.5	97.5
1	3	2.5	2.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

3. Did you report the activity to any individual or group who might have been able to bring about change? Note: merely discussing the matter with family members or mentioning it informally to coworkers is not a report. These numbers are only for those who reported observing.

0. no

1. yes

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	14	18.4	18.4	18.4
1	62	81.6	81.6	100.0
Total	<u>76</u>	<u>100.0</u>	<u>100.0</u>	

4. If you did NOT report this activity to any individual or group, which of the following statements describes your reason(s) for NOT reporting it? (Please "X" all that apply)

\_\_\_\_\_ The activity had already been reported to someone else

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	113	95.8	95.8	95.8
1	5	4.2	4.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	



\_\_\_\_\_ I did not think the activity was important enough to report

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	115	97.5	97.5	97.5
1	3	2.5	2.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I did not have enough evidence to report

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	115	97.5	97.5	97.5
1	3	2.5	2.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I was not really sure to whom I should report the matter

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I decided that reporting this matter was too great a risk for me.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	113	95.8	95.8	95.8
1	5	4.2	4.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I did not want to get anyone in trouble

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I did not want to embarrass my organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I did not think that anything would be done to correct the activity.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	113	95.8	95.8	95.8
1	5	4.2	4.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ I did not think that anything could be done to correct the activity.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	116	98.3	98.3	98.3
1	2	1.7	1.7	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ It was not part of my duties of the organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	115	97.5	97.5	97.5
1	3	2.5	2.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

5. Were any reprisals taken or threatened against you for reporting the wrongdoing?

0. no

1. yes

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	112	94.9	94.9	94.9
1	6	5.1	5.1	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

6. Did the reprisals take any of the following forms? (Please "X" all that apply)

         Poor performance appraisal

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	116	98.3	98.3	98.3
1	2	1.7	1.7	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

         Denial of promotion

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

         Denial of opportunity for training

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

         Assigned less desirable or less important duties in current job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

         Transfer or reassignment to a different job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

         Suspension from your job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Grade level demotion

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Fired from your job

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	113	95.8	95.8	95.8
1	5	4.2	4.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

7. In response to the reprisal or threat of reprisal, did you take any of the following actions? (Please "X" all that apply)

\_\_\_\_\_ Took no actions

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	115	97.5	97.5	97.5
1	3	2.5	2.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Complained to a higher level of organization management

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Complained to some other office within my organization (personnel office, public relations office, etc.)

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Filed a formal grievance within my organization

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	116	98.3	98.3	98.3
1	2	1.7	1.7	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

8. What happened as a result of the action specified in question #7?  
(Please "X" all that apply)

\_\_\_\_\_ It got me in more trouble

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ It made no difference

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	114	96.6	96.6	96.6
1	4	3.4	3.4	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ The threat of reprisal was withdrawn

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ The reprisal action itself was withdrawn

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Actions were taken to compensate me for the reprisal action

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	118	100.0	100.0	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

9. Do you feel you have enough information about where to report a wrongdoing now within your organization?

\_\_\_\_\_ yes, I have more than enough information

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	84	71.2	71.2	71.2
1	34	28.8	28.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ yes, I have about the right amount of information for now

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	54	45.8	45.8	45.8
1	64	54.2	54.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ no, I would prefer to have more information

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	101	85.6	85.6	85.6
1	17	14.4	14.4	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

10. If you observed or had evidence of a wrongdoing, which one of the following would encourage you to report it? (Please "X" all that apply)

\_\_\_\_\_ Knowing that I could report it and not identify myself

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	73	61.9	61.9	61.9
1	45	38.1	38.1	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Knowing that something would be done to correct the activity that if I reported it.

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	23	19.5	19.5	19.5
1	95	80.5	80.5	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Knowing that I would be protected from any sort of reprisal

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	64	54.2	54.2	54.2
1	54	45.8	45.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Knowing that I could be given a cash reward if I reported it

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	117	99.2	99.2	99.2
1	1	.8	.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Knowing the problem was something I considered very serious .

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	31	26.3	26.3	26.3
1	87	73.7	73.7	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Knowing that I could report it without people thinking badly of me

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	60	50.8	50.8	50.8
1	58	49.2	49.2	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

\_\_\_\_\_ Other

<u>Value</u>	<u>Frequency</u>	<u>Percent</u>	<u>Valid Percent</u>	<u>Cum Percent</u>
0	110	93.2	93.2	93.2
1	8	6.8	6.8	100.0
Total	<u>118</u>	<u>100.0</u>	<u>100.0</u>	

**APPENDIX D**  
**PILOT STUDY**



INDIANA UNIVERSITY

DEPARTMENT  
OF SPEECH  
COMMUNICATION

Dear Registered Nurse:

Please help me complete his graduate project. I am trying to graduate this December and I am in desperate need of registered nurses to complete a survey that I have constructed.

The survey is a lot fun and I am sure that you will enjoy taking it. I am investigating the conditions under which a registered nurse within a hospital would reveal a wrongdoing on another registered nurse in that same hospital. In order to test this assumption, I have constructed a scenario that describes a wrongdoing occurring within a hospital (note: the scenario has been validated by other registered nurses). There are several questions that I would like for you to answer after you read the scenario. Second, there is a section that ask if you have observed a wrongdoing in your hospital and how you responded to it. Finally, there is a values measurement section.

The questionnaire will take approximately twenty minutes to complete. Once you get started and you see how much fun it is, it may take you less time than what I calculated. You may pick up a packet at your nursing station or contact the head nurse on your floor. Instructions for returning the survey to me are outlined on the cover letter of each survey.

I hope you will help me with this project. Thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Granville King, III".

Granville King, III

809 East Seventh Street  
Bloomington, Indiana  
47405-3999Information: 812-855-6388  
Chairperson: 812-855-6467

INDIANA UNIVERSITY


 DEPARTMENT  
 OF SPEECH  
 COMMUNICATION

## IUB STUDY INFORMATION SHEET

Dear Registered Nurse:

Thank you for helping me complete my graduate project. The purpose of this project is to examine the conditions under which a nurse would reveal a wrongdoing on another nurse within a hospital.

Several articles have been written in major nursing journals regarding the disclosure of wrongdoing's within hospitals and other health care facilities. Empirical research however is either scarce or nonexistent validating the effectiveness of these articles. I would like to investigate this subject and give you the opportunity to help in possibly pioneering this area of research. Results from this paper will be made available to researchers interested in this topic.

Once you have completed this survey, you will find a stamped self-addressed envelope for returning it directly to me. DO NOT GIVE THIS SURVEY TO YOUR DIRECTOR OF NURSING OR ADMINISTRATOR AFTER YOU HAVE COMPLETED IT.

The information you provide on this survey will remain totally confidential and will be used for research purposes only. Data will be stored in a locked cabinet, and will be made available to only persons conducting this study unless you specifically give permission in writing to do otherwise. No reference will be made in verbal or written reports which could link you to this study.

If you have any questions about your rights as a participant in this study, you may contact:

Indiana University  
 Human Subjects Committee  
 Bryan Hall #10  
 Bloomington, Indiana 47405  
 Phone Number: (812) 855-3067

If you have any comments about the content, format, or scale of the instrument, please write them on the back of this survey. Any suggestions will be greatly appreciated.

Again, thank you for taking the time to complete this survey.

809 East Seventh Street  
 Bloomington, Indiana  
 47405-3999

Information: 812-855-6388  
 Chairperson: 812-855-6467

Granville King

A handwritten signature in cursive script that reads "Granville King".

Department of Speech Communication

## SECTION I

**Directions:** Read over the following statements and for each one indicate (by circling the number) whether it is something you always admire in other people, something you always dislike, or something that depends on the situation whether you admire it or not.

1. Never cheating or having anything to do with cheating situations, even for a friend.

1  
ALWAYS  
ADMIRE

2  
DEPENDS ON  
SITUATION

3  
ALWAYS  
DISLIKE

2. Always telling the truth, even though it may hurt oneself or others.

1  
ALWAYS  
ADMIRE

2  
DEPENDS ON  
SITUATION

3  
ALWAYS  
DISLIKE

3. Never telling a lie, even though to do so would make the situation more comfortable.

1  
ALWAYS  
ADMIRE

2  
DEPENDS ON  
SITUATION

3  
ALWAYS  
DISLIKE

4. Sticking up for the truth under all circumstances

1  
ALWAYS  
ADMIRE

2  
DEPENDS ON  
SITUATION

3  
ALWAYS  
DISLIKE

5. Always representing one's own true thoughts and feelings honestly.

1  
ALWAYS  
ADMIRE

2  
DEPENDS ON  
SITUATION

3  
ALWAYS  
DISLIKE

6. Speaking one's mind truthfully, without regard for the consequences.

**1**  
**ALWAYS**  
**ADMIRE**

**2**  
**DEPENDS ON**  
**SITUATION**

**3**  
**ALWAYS**  
**DISLIKE**

7. Testifying against friends, if need be, in order that the truth be known.

**1**  
**ALWAYS**  
**ADMIRE**

**2**  
**DEPENDS ON**  
**SITUATION**

**3**  
**ALWAYS**  
**DISLIKE**

8. Volunteering information concerning wrongdoing, even if friends are involved.

**1**  
**ALWAYS**  
**ADMIRE**

**2**  
**DEPENDS ON**  
**SITUATION**

**3**  
**ALWAYS**  
**DISLIKE**

9. Helping a close friend get by a tight situation, even though one may have to stretch the truth a bit to do it.

**1**  
**ALWAYS**  
**ADMIRE**

**2**  
**DEPENDS ON**  
**SITUATION**

**3**  
**ALWAYS**  
**DISLIKE**

10. Telling falsehoods in order to help other people.

**1**  
**ALWAYS**  
**ADMIRE**

**2**  
**DEPENDS ON**  
**SITUATION**

**3**  
**ALWAYS**  
**DISLIKE**

## Section II

**Directions:** The following questions ask your opinion about the practice of reporting organizational wrongdoing. During the last 12 months, have you encountered an incident, or a series of incidents, that led you to attempt to correct something you thought was inappropriate in your organization? If yes, I would like to gather some information about the wrongdoing. Then, I will ask some questions regarding how you responded to the wrongdoing.

11. How long have you worked for the organization?

- 1 - 6 months  
 7 - 12 months  
 1 - 5 years  
 6 - 10 years  
 More than 10 years

12. What led to the wrongdoing? (Please "x" only one box)

- Rules or regulations were not being followed  
 Practices within the organization that threatened worker health and safety  
 Threats to public health and safety  
 Corruption (i.e., where someone inappropriately benefitted from a decision of the organization, by using monies, facilities or resources for personal gain; illegal, immoral or illegitimate practices)  
 Misrepresentation (where false statements were made, or documents or reports were falsified)  
 Waste (where resources were being used inefficiently)  
 Abuse of authority  
 Mismanagement  
 Censorship (where someone was prevented from expressing themselves on a matter of public concern)  
 Something else. (Please specify): \_\_\_\_\_

13. Who or what was the subject of the wrongdoing? (Please "x" all that apply)

- My immediate supervisor  
 Someone above my immediate supervisor, but not top management.  
 Top management  
 Someone outside my immediate chain of authority  
 General administration or policy in my organization rather than a particular person  
 Other. (Please specify): \_\_\_\_\_

14. How did you find out about the wrongdoing? (Please "X"  
all that apply)

- I personally observed it happening  
 I came across direct evidence  
 I was told by an employee directly involved in the activity  
 I was told by someone not directly involved in the activity  
 I read about it in an internal company memo  
 I found out through some other means not listed above

15. If an employee of this organization caused the wrongdoing, what type of position did that individual hold at the time?

- |  |  |
|--|--|
| <input type="checkbox"/> medical staff | <input type="checkbox"/> medical records |
| <input type="checkbox"/> administrator | <input type="checkbox"/> dietary         |
| <input type="checkbox"/> nursing       | <input type="checkbox"/> accounting      |
| <input type="checkbox"/> housekeeping  | <input type="checkbox"/> maintenance     |

16. What position did you hold at the time of the wrongdoing?

- |  |  |
|--|--|
| <input type="checkbox"/> medical staff | <input type="checkbox"/> medical records |
| <input type="checkbox"/> administrator | <input type="checkbox"/> dietary         |
| <input type="checkbox"/> nursing       | <input type="checkbox"/> accounting      |
| <input type="checkbox"/> housekeeping  | <input type="checkbox"/> maintenance     |

17. How often did you work with the individual(s) involved in the activity?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> daily    | <input type="checkbox"/> less than once a month          |
| <input type="checkbox"/> weekly   | <input type="checkbox"/> never worked with the person(s) |
| <input type="checkbox"/> biweekly |  |

18. When you first became aware of this wrongdoing, how many other persons in your organization were aware (in your opinion) that this activity was occurring?

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> less than 10 | <input type="checkbox"/> 31 - 40    |
| <input type="checkbox"/> 11 - 20      | <input type="checkbox"/> 41 or more |
| <input type="checkbox"/> 21 - 30      |                                     |

19. If your co-workers were aware of this activity, how did they feel about it? (Please "X" all that apply)

- They thought no wrongdoing occurred  
 They were unclear whether a wrongdoing had occurred or not  
 They thought wrongdoing had occurred but it was not serious enough to report  
 They thought wrongdoing had occurred but did not consider it their job to report it  
 They thought wrongdoing had occurred but felt that reporting it would not have an effect  
 They thought wrongdoing had occurred but believed that someone else would report it  
 They thought wrongdoing had occurred but were afraid to report it  
 They thought wrongdoing had occurred and reported it

20. Did you report the activity to any individual or group?  
Note: merely discussing the matter with family members or mentioning it informally to coworkers is not a report.

- yes -----> skip to 22  
 no

21. If you did NOT report this activity to any individual or group, which of the following statements describes your reason(s) for NOT reporting it? (Please "X" all that apply)

- The activity had already been reported to someone else  
 I did not think the activity was important enough to report  
 I did not have enough evidence to report  
 I was not really sure to whom I should report the matter  
 I decided that reporting this matter was too great a risk for me.  
 I did not want to get anyone in trouble  
 I did not want to embarrass my organization  
 I did not think that anything would be done to correct the activity.  
 I did not think that anything could be done to correct the activity.  
 It was not part of my duties of the organization  
 Other (Please specify): \_\_\_\_\_

Note: If you did not report this wrongdoing, skip to Question 35.

22. Did anyone else within the organization act with you to report the activity or did you do it alone?

\_\_\_\_\_ with others                      \_\_\_\_\_ alone

23. Did you consult with anyone before deciding to report the wrongdoing?

\_\_\_\_\_ yes  
 \_\_\_\_\_ no -----> skip to Question 25

24. If you answered YES to question 23, with whom did you consult? (PLEASE "X" all that apply)

\_\_\_\_\_ Family  
 \_\_\_\_\_ Coworkers  
 \_\_\_\_\_ Superiors  
 \_\_\_\_\_ Union Representative  
 \_\_\_\_\_ Attorney  
 \_\_\_\_\_ Friends outside the organization  
 \_\_\_\_\_ Other. (Please specify): \_\_\_\_\_

25. To whom did you first report the incident? (PLEASE "X" ONE BOX)

\_\_\_\_\_ immediate supervisor  
 \_\_\_\_\_ administrator  
 \_\_\_\_\_ medical staff  
 \_\_\_\_\_ coworkers  
 \_\_\_\_\_ a member(s) on the board of trustees  
 \_\_\_\_\_ personnel office  
 \_\_\_\_\_ a hot-line  
 \_\_\_\_\_ a member of Congress  
 \_\_\_\_\_ media (newspaper, radio, television, etc.)  
 \_\_\_\_\_ Other. Please specify: \_\_\_\_\_



26. To whom else, if anyone, did you report the incident?  
 (Please "X" all that apply).

- immediate supervisor  
 administrator  
 medical staff  
 coworkers  
 a member(s) on the board of trustees  
 personnel office  
 a hot line  
 a member of Congress  
 media (newspaper, radio, television, et. cetera)  
 Other. (Please specify): \_\_\_\_\_

27. What is the status of the complaint?

- I felt that my concerns have been completely addressed  
 I felt that my concerns were satisfactorily resolved by compromise  
 I stopped pursuing my claim because I became discouraged that any change would occur.  
 I stopped pursuing my claim because I ran out of resources (money, time, etc.)  
 Other. (Please specify): \_\_\_\_\_

28. Was anything changed as a result of your efforts?

- yes  
 no -----> skip to Question 30

29. What changed in the organization as the result of your efforts? (Please "X" all that apply)

- Management changes were made  
 Personnel practices were corrected  
 People were transferred, replaced or not reappointed  
 My department was reorganized  
 Policies were changed  
 Safety practices were improved  
 Indictments were obtained  
 People and/or organizations were convicted of violating the law  
 Money was saved  
 Other (Please specify): \_\_\_\_\_

30. What option below best describes the reaction of other members of your organization to your actions?

- I received written or oral expressions of support for my actions from my peers
- My peers expressed neither support nor disapproval of my action
- My peers openly expressed their disapproval, but they did not attempt to exclude me from the group
- My peers sought to sever their ties with me because of my action
- My claim was anonymous so my peers were not aware of my action

31. Were any reprisals taken or threatened against you for reporting the wrongdoing?

- yes
- no -----> skip to question 35

32. Did the reprisals take any of the following forms? (Please "X" all that apply).

- Poor performance appraisal
- Denial of promotion
- Denial of opportunity for training
- Assigned less desirable or less important duties in current job
- Transfer or reassignment to a different job
- Reassignment to a different geographic location
- Suspension from your job
- Grade level demotion
- Fired from your job
- Other (Please specify): \_\_\_\_\_

33. In response to the reprisal or threat of reprisal, did you take any of the following actions? (Please "X" all that apply)

- Took no actions -----> Skip to Question 35
- Complained to a higher level of organization management
- Complained to some other office within my organization (Personnel office or EEO Office)
- Filed a formal grievance within my organization
- Filed an EEO (discrimination) complaint
- Other (Please specify): \_\_\_\_\_

34. What happened as a result of the action specified in question 33? (Please "X" all that apply)

- It got me in more trouble  
 It made no difference  
 The threat of reprisal was withdrawn  
 The reprisal action itself was withdrawn  
 Actions were taken to compensate me for the reprisal action

35. Do you feel you have enough information about where to report a wrongdoing now within your organization?

- yes, I have more than enough information  
 yes, I have about the right amount of information for now  
 no, I would prefer to have more information

36. If you observed or had evidence of a wrongdoing, which one of the following would most encourage you to report it? (Please "X" one box)

- Knowing that I could report it and not identify myself  
 Knowing that something would be done to correct the activity that if I reported it.  
 Knowing that I would be protected from any sort of reprisal  
 Knowing that I could be given a cash reward if I reported it  
 Knowing the problem was something I considered very serious  
 Knowing that I could report it without people thinking badly of me  
 Other. (Please specify): \_\_\_\_\_

## SECTION III

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, understaffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

Diane realizes after approximately one month of working extra that she is physically exhausted, but to her dismay, Laura does not exhibit signs or symptoms of physical fatigue. During this time period, there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is concerned about the welfare of patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

Diane realizes after approximately one month of working extra that she is physically exhausted, but to her dismay, Laura does not exhibit signs or symptoms of physical fatigue. During this time period, there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is concerned about her close friendship with Laura and the welfare of patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands or apply some form of hand cleaning gel before attending to another patient. Several patients have noticed that Laura does not clean her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is also concerned about her close friendship with Laura and the welfare of patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, understaffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands or apply some form of hand cleaning gel before attending to another patient. Several patients have noticed that Laura does not clean her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the director of nursing or the administrator. At the same time, Diane is also concerned about the welfare of patients. If you were in Diane's place, what would you do?  
**Note:** Remember, you have already confronted Laura personally about the situation.

37. I would request that the director of nursing observe Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

38. I would consult with the director of nursing regarding patient complaints against Laura.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

39. I would notify the director of nursing that Laura is not providing good patient care.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

40. I would ask the other nurses on Laura's shift to watch her behavior.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

41. I would consult with the nurses on Laura's shift to see if they have heard of complaints about her.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

42. I would notify the other nurses about Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

43. I would request that the administration (i.e., director of nursing, administration, etc.) look into Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>



44. I would ask the administration (i.e., director of nursing, administration, etc.) to look into patient complaints regarding Laura.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

45. I would notify the administration (i.e., director of nursing, administration, etc.) that Laura is not providing good patient care.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

46. I would report Laura's wrongdoing anonymously to internal sources (coworkers, administration, director of nursing, supervisor, etc.) within the hospital.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

47. I would anonymously report Laura's behavior to external sources (i.e., media, newspaper, etc.) if management (i.e., hospital administration, director of nursing, supervisor, etc.) did not try to correct it.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

48. If you were to anonymously report this wrongdoing, how confident are you that management (i.e., hospital administration, director of nursing, supervisor, etc.) would give careful consideration to your allegations.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Somewhat Unconfident</b>	<b>Unconfident</b>	<b>Not Confident At All</b>

49. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., hospital administration, director of nursing, supervisor, etc.) would not take actions against you.

(6)	(5)	(4)	(3)	(2)	(1)
<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Somewhat Unconfident</b>	<b>Unconfident</b>	<b>Not Confident At All</b>

50. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., hospital administration, director of nursing, supervisor, etc.) would protect your identity.

(6)	(5)	(4)	(3)	(2)	(1)
Very	Confident	Somewhat	Somewhat	Unconfident	Not
Confident		Confident	Unconfident		Confident
					At All

51. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., hospital administration, director of nursing, supervisor, etc.) will protect you from reprisals.

(6)	(5)	(4)	(3)	(2)	(1)
Very	Confident	Somewhat	Somewhat	Unconfident	Not
Confident		Confident	Unconfident		Confident
					At All

#### Demographics

37. Are you?

\_\_\_\_\_ Male  
\_\_\_\_\_ Female

38. Are you?

\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Black, not of Hispanic origin  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ White, not of Hispanic Origin  
\_\_\_\_\_ Other

39. What is your age?

\_\_\_\_\_ Under 20  
\_\_\_\_\_ 20 to 29  
\_\_\_\_\_ 30 to 39  
\_\_\_\_\_ 40 to 49  
\_\_\_\_\_ 50 to 59  
\_\_\_\_\_ 60 to 69  
\_\_\_\_\_ 70 or older

40. What is your highest educational level?

- \_\_\_\_\_ High school diploma plus some college or technical training
- \_\_\_\_\_ Graduated from college (B.A., B.S., or other Bachelor's Degree)
- \_\_\_\_\_ Graduate or professional degree

Material reprinted from "Values" by V.A. Braithwaite and W.A. Scott, 1991, Measures Of Personality And Social Psychological Attitudes, p. 661-753. Copyright 1991 by the San Diego: Academic Press, Inc.

Material reprinted from The Internal Auditor's Ultimate Responsibility: The Reporting of Sensitive Issues by J.P. Near & M.P. Miceli, 1988, The Institute Of Internal Auditors Research Foundation.

Material reprinted from The Organizational Consequences Of Whistleblowing by J.L. Perry, 1990, School of Public & Environmental Affairs: Indiana University.

**APPENDIX E**  
**HOSPITAL SCENARIO STUDY II**



INDIANA UNIVERSITY

DEPARTMENT OF SPEECH COMMUNICATION  
809 East Seventh Street  
Bloomington, Indiana 47405  
(812) 855-6388 (Information)  
(812) 855-6467 (Chairperson)

Dear Registered Nurse:

Please help me complete my graduate project. I am trying to graduate this coming May, and I am in desperate need of registered nurses to complete a whistle-blowing survey that I have constructed.

I am investigating the conditions under which a registered nurse would report a wrongdoing on another registered nurse within the same hospital. In order to test this subject, I have constructed a scenario that describes a wrongdoing occurring within a hospital. After you have read the scenario, there are several questions that I would like for you to answer. Finally, there is a section that ask if you have ever observed a wrongdoing and how you responded to it.

The questionnaire will take approximately fifteen minutes to complete. After you have completed the survey, you may register for a \$100.00 give away.

I will be mailing the surveys to your director of nursing within the next few weeks. I hope that you will help me with this project. Thank you for you time.

Granville King, III

A handwritten signature in cursive script that reads "Granville King, III".

Department of Speech Communication  
Indiana University



INDIANA UNIVERSITY

DEPARTMENT OF SPEECH COMMUNICATION  
 809 East Seventh Street  
 Bloomington, Indiana 47405  
 (812) 855-6388 (Information)  
 (812) 855-6467 (Chairperson)

## IUB STUDY INFORMATION SHEET

Dear Registered Nurse:

Thank you for helping me complete my graduate project. The purpose of this project is to examine the conditions under which a nurse would reveal a wrongdoing on another nurse within a hospital.

Several articles have been written in major nursing journals regarding the disclosure of wrongdoings within hospitals and other health care facilities. Empirical research however is either scarce or nonexistent validating the effectiveness of these articles. I would like to investigate this subject and give you the opportunity to help in possibly pioneering this area of research. Results from this paper will be made available to researchers interested in this topic.

Once you have completed this survey, **DO NOT RETURN IT TO YOUR SUPERVISOR OR DIRECTOR OF NURSING.** I will be on hand several days within the facility to allow you to turn your survey in directly to me. I will inform your director of nursing of the days and times when I will be in your facility. At that time, you can also register for the \$100.00 give away. You can only complete one survey and enter the \$100.00 drawing one time. All "registered nurses" on all shifts are eligible.

The information you provide on this survey will remain totally confidential and will be used for research purposes only. Data will be stored in a locked cabinet, and will be made available to only persons conducting this study unless you specifically give permission in writing to do otherwise. No reference will be made in verbal or written reports which could link you to this study.

If you have any questions about your rights as a participant in this study, you may contact:

Indiana University  
 Human Subjects Committee  
 Bryan Hall #10  
 Bloomington, Indiana 47405  
 Phone Number: (812) 855-3067

Again, thank you for taking the time to complete this survey.

Granville King, III

A handwritten signature in cursive script that reads "Granville King, III".

Department of Speech Communication  
 Indiana University

## Section I

**Directions:** Below is a list of questions that ask your opinion about the practice of reporting an organizational wrongdoing. Carefully read each question and choose the appropriate response.

1. Have you ever encountered an incident, or a series of incidents, that led you to correct something you thought was inappropriate in this or another organization for which you were employed?
  - yes
  - no -----> skip to question #9
  
2. How did you find out about the wrongdoing? (Please "x" all that apply)
  - I personally observed it happening
  - I came across direct evidence
  - I was told by an employee directly involved in the activity
  - I was told by someone not directly involved in the activity
  - I read about it in an internal company memo
  - I found out through some other means not listed above
  
3. Did you report the activity to any individual or group who might have been able to bring about change? **Note: merely discussing the matter with family members or mentioning it informally to coworkers is not a report.**
  - yes -----> skip to question #5
  - no

4. If you did NOT report this activity to any individual or group, which of the following statements describes your reason(s) for NOT reporting it? (Please "X" all that apply)

\_\_\_\_\_ The activity had already been reported to someone else

\_\_\_\_\_ I did not think the activity was important enough to report

\_\_\_\_\_ I did not have enough evidence to report

\_\_\_\_\_ I was not really sure to whom I should report the matter

\_\_\_\_\_ I decided that reporting this matter was too great a risk for me.

\_\_\_\_\_ I did not want to get anyone in trouble

\_\_\_\_\_ I did not want to embarrass my organization

\_\_\_\_\_ I did not think that anything **would** be done to correct the activity.

\_\_\_\_\_ I did not think that anything **could** be done to correct the activity.

\_\_\_\_\_ It was not part of my duties of the organization

\_\_\_\_\_ Other (Please specify): \_\_\_\_\_

\* Note: If you did not report this wrongdoing, skip to question #9

5. Were any reprisals taken or threatened against you for reporting the wrongdoing?

\_\_\_\_\_ yes

\_\_\_\_\_ no -----> skip to question #9



6. Did the reprisals take any of the following forms?  
 (Please "x" all that apply)

- Poor performance appraisal
- Denial of promotion
- Denial of opportunity for training
- Assigned less desirable or less important duties  
in current job
- Transfer or reassignment to a different job
- Suspension from your job
- Grade level demotion
- Fired from your job
- Other (Please specify): \_\_\_\_\_

7. In response to the reprisal or threat of reprisal, did  
 you take any of the following actions? (Please "x" all  
 that apply)

- Took no actions -----> Skip to Question 9
- Complained to a higher level of organization  
management
- Complained to some other office within my  
organization (personnel office, public  
relations office, etc.)
- Filed a formal grievance within my organization
- Other (Please specify): \_\_\_\_\_

8. What happened as a result of the action specified in question #7? (Please "X" all that apply)

- It got me in more trouble
- It made no difference
- The threat of reprisal was withdrawn
- The reprisal action itself was withdrawn
- Actions were taken to compensate me for the reprisal action

9. Do you feel you have enough information about where to report a wrongdoing now within your organization?

- yes, I have more than enough information
- yes, I have about the right amount of information for now
- no, I would prefer to have more information

10. If you observed or had evidence of a wrongdoing, which one of the following would encourage you to report it? (Please "X" all that apply)

- Knowing that I could report it and not identify myself
- Knowing that something would be done to correct the activity that if I reported it.
- Knowing that I would be protected from any sort of reprisal
- Knowing that I could be given a cash reward if I reported it
- Knowing the problem was something I considered very serious
- Knowing that I could report it without people thinking badly of me
- Other. (Please specify): \_\_\_\_\_

## SECTION II

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, understaffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

Diane realizes after approximately one month of working extra that she is physically exhausted, but to her dismay, Laura does not exhibit signs or symptoms of physical fatigue. During this time period, there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally.

Diane is confronted with discussing Laura's behavior with the immediate supervisor, coworkers, and administration. At the same time, Diane is concerned about the welfare of patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

Diane realizes after approximately one month of working extra that she is physically exhausted, but to her dismay, Laura does not exhibit signs or symptoms of physical fatigue. During this time period, there have been complaints from patients that pain medication given to them parenterally was not as effective when administered by Laura. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally.

Diane is confronted with discussing Laura's behavior with the immediate supervisor, coworkers, and administration. At the same time, Diane is concerned about her close friendship with Laura and the welfare of patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands or apply some form of hand cleaning gel before attending to another patient. Several patients have noticed that Laura does not clean her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the immediate supervisor, coworkers, and administration. At the same time, Diane is also concerned about her close friendship with Laura and the welfare of patients. If you were in Diane's place, what would you do?  
**Note: Remember, you have already confronted Laura personally about the situation.**

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, understaffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands or apply some form of hand cleaning gel before attending to another patient. Several patients have noticed that Laura does not clean her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the immediate supervisor, coworkers, and administration. At the same time, Diane is also concerned about the welfare of patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

11. I would request that the immediate supervisor (i.e., nurse manager, nurse supervisor) observe Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

12. I would consult with the immediate supervisor (i.e., nurse manager, nurse supervisor) regarding patient complaints against Laura.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

13. I would notify the immediate supervisor (i.e., nurse manager, nurse supervisor) that Laura is not providing good patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

14. I would ask the other nurses on Laura's shift to watch her behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

15. I would consult the nurses on Laura's shift to see if they have heard of complaints about her.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

16. I would notify the other nurses about Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

17. I would make my concerns known to officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor if my comments were not acted upon.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

18. Because of the circumstances surrounding Laura, I would notify officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

19. I would speak with the officials (i.e., director of nursing, chief of operations, chief executive officer) above my immediate supervisor regarding Laura's behavior within the hospital.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

20. I would report Laura's wrongdoing anonymously to internal sources (co-workers, chief executive officer, director of nursing, immediate supervisor, etc.) within the hospital.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

21. I would anonymously report Laura's behavior to external sources (i.e., media, newspapers, etc.) if management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) did not try to correct it.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

22. If you were to anonymously report this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, chief of operations, immediate supervisor, etc.) would give careful consideration to your allegations.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

23. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., chief executive officer, director of nursing, immediate supervisor, chief of operations, etc.) would not take actions against you.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

24. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., chief executive officer, director of nursing, immediate supervisor, chief of operations, etc.) would protect your identity.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident



25. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., chief executive officer, director of nursing, immediate supervisor, chief of operations, etc.) will protect you from reprisals.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
Confident	Confident	Confident	Unconfident	Unconfident	Unconfident

#### Demographics

26. Are you?

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

27. What is your age?

_____ Under 20	_____ 50 to 59
_____ 20 to 29	_____ 60 to 69
_____ 30 to 39	_____ 70 or older
_____ 40 to 49	

28. What is your highest educational level?

\_\_\_\_\_ Diploma plus some college  
 \_\_\_\_\_ Associate Degree  
 \_\_\_\_\_ Graduated from college (B.A., B.S., or other Bachelor's Degree)  
 \_\_\_\_\_ Graduate or professional degree

29. If you have any additional comments you would like to share, please use the attached sheet.

**THANK YOU FOR YOUR COOPERATION**

Material reprinted from The Internal Auditor's Ultimate Responsibility: The Reporting of Sensitive Issues by J.P. Near & M.P. Miceli, 1988, The Institute Of Internal Auditors Research Foundation.

Material reprinted from The Organizational Consequences Of Whistleblowing by J.L. Perry, 1990, School of Public & Environmental Affairs: Indiana University.

**APPENDIX F**  
**HOSPITAL SCENARIO STUDY III**

INDIANA UNIVERSITY

DEPARTMENT  
OF SPEECH  
COMMUNICATION

Dear Registered Nurse:

Please help me complete my graduate project. I am trying to graduate this coming May, and I need registered nurses to complete a survey that I have constructed.

I am investigating the conditions under which a registered nurse would report a wrongdoing on another registered nurse within the same hospital. In order to test this subject, I have constructed a scenario that describes a wrongdoing occurring within a hospital. After you have read the scenario, there are several questions that I would like for you to answer.

The questionnaire will take approximately fifteen minutes to complete. After you have completed the survey, you may register for a \$100.00 give away.

I will be mailing the surveys to your director of nursing. I hope that you will help me with this project. Thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Granville King, III".

Granville King, III

809 East Seventh Street  
Bloomington, Indiana  
47405-3999Information: 812-855-6388  
Chairperson: 812-855-6467

INDIANA UNIVERSITY


 DEPARTMENT  
 OF SPEECH  
 COMMUNICATION

## IUB STUDY INFORMATION SHEET

Dear Registered Nurse:

Thank you for helping me complete my graduate project. The purpose of this project is to examine the conditions under which a nurse would reveal a wrongdoing on another nurse within a hospital.

Several articles have been written in major nursing journals regarding the disclosure of wrongdoings within hospitals and other health care facilities. Empirical research however is either scarce or nonexistent validating the effectiveness of these articles. I would like to investigate this subject and give you the opportunity to help in pioneering this area of research. Results from this paper will be made available to researchers interested in this topic.

**YOU MAY RETURN THIS SURVEY USING THE SELF-ADDRESSED CAMPUS MAIL ENVELOPE. DO NOT RETURN IT TO YOUR IMMEDIATE SUPERVISOR OR DIRECTOR OF NURSING. TO REGISTER FOR THE \$100.00 GIVEAWAY, SIMPLY RETURN ONE OF THE ATTACHED TICKETS, WITH YOUR SURVEY, AND YOUR UNIT'S (I.E. ICU, BURN, SURGICAL, ETC.) NAME ON THE BACK OF THE TICKET. I WILL PLACE YOUR TICKET IN THE BOX FOR THE \$100.00 DRAWING.**

The information you provide on this survey will remain totally confidential and will be used for research purposes only. Data will be stored in a locked cabinet, and will be made available to only persons conducting this study unless you specifically give permission in writing to do otherwise. No reference will be made in verbal or written reports which could link you to this study.

**DO NOT PLACE YOUR NAME ON THIS SURVEY**

If you have any questions about your rights as a participant in this study, you may contact:

Indiana University  
 Human Subjects Committee  
 Bryan Hall #10  
 Bloomington, Indiana 47405  
 Phone Number: (812) 855-3067

Again, thank you for taking the time to complete this survey.

Sincerely,

A handwritten signature in cursive script that reads "Granville King, III".

Granville King, III

809 East Seventh Street  
 Bloomington, Indiana  
 47405-3999

Information: 812-855-6388  
 Chairperson: 812-855-6467

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, understaffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

Diane and Laura both realize after approximately one month of working extra that they are physically exhausted. During this time period, there have been complaints from patients that Laura was not providing good patient care. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally and not filling out an incident report.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, coworkers, or upper management (i.e. associate director of nursing, director of nursing, or chief executive officer). At the same time, Diane is concerned about the welfare of the patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

Diane and Laura both realize after approximately one month of working extra that they are physically exhausted. During this time period, there have been complaints from patients that Laura was not providing good patient care. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane caught Laura administering the wrong medication to a patient parenterally and not filling out an incident report.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, coworkers, or upper management (i.e. associate director of nursing, director of nursing, or chief executive officer). At the same time, Diane is concerned about her close friendship with Laura and the welfare of the patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. They have been close friends for several years within this hospital. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, under-staffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Diane and Laura work extra hours in order to provide coverage out of a sense of loyalty to their patients. Because of their close friendship, the extra hours are a little more tolerable.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands before attending to another patient. Several patients have noticed that Laura does not wash her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, coworkers, or upper management (i.e. associate director of nursing, director of nursing, or chief executive officer). At the same time, Diane is concerned about her close friendship with Laura and the welfare of the patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.

**Directions:** Below is a scenario that describes two nurses working in a trauma hospital. Carefully read the scenario twice and answer the questions that follow on a 1 to 6 scale (1 = strongly disagree and 6 = strongly agree) as if you were in the predicament of Diane in the scenario.

Diane and Laura are licensed registered nurses practicing in a trauma hospital in a metropolitan area. Both know each other but have never been close. This trauma hospital is not unlike many other hospitals, in that it has its shortcomings, such as over-worked employees, understaffing, low wages, etc.

Diane and Laura primarily work in the emergency room. Even though they are not close friends, Diane and Laura still work together to provide coverage out of a sense of loyalty to their patients.

On several occasions, Diane has noticed that Laura does not wash her hands after attending to a patient. For instance, after Laura has changed a patient's bandage, administered an injection, or had other patient contact, she will sometimes forget to wash her hands before attending to another patient. Several patients have noticed that Laura does not wash her hands and have complained. Diane has spoken to Laura about her patients' constant complaints and her behavior in not providing good patient care. Recently, Diane has noticed that this behavior has increased.

Diane is confronted with discussing Laura's behavior with the unit manager, charge nurse, coworkers, or upper management (i.e. associate director of nursing, director of nursing, or chief executive officer). At the same time, Diane is concerned about the welfare of the patients. If you were in Diane's place, what would you do?

**Note:** Remember, you have already confronted Laura personally about the situation.



1. I would ask the immediate supervisor (i.e., unit manager, charge nurse) whether he or she was aware of any complaints of poor patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

2. I would ask the immediate supervisor (i.e., unit manager, charge nurse) to watch Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

3. I would notify the immediate supervisor (i.e., unit manager, charge nurse) of Laura's failure to follow proper procedure.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

4. I would request the immediate supervisor (i.e., unit manager, charge nurse) to speak to Laura about providing good patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

5. I would ask the immediate supervisor (i.e., unit manager, charge nurse) on Laura's shift whether he or she has heard of complaints about Laura's patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

6. I would ask the other nurses whether they were aware of any complaints of poor patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

7. I would ask the other nurses on Laura's shift to watch her behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

8. I would ask the nurses on Laura's shift if they have heard of complaints about her patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

9. I would notify the other nurses about Laura's failure to follow proper procedure.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

10. I would make my concerns known to officials (i.e., ASSOC. DON, DON, OR CEO) above my immediate supervisor if my comments were not acted upon.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

11. Because of the circumstances surrounding Laura, I would first notify officials (i.e., ASSOC. DON, DON, CEO) above my immediate supervisor of Laura's behavior.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

12. I would ask the officials (i.e., ASSOC. DON, DON, CEO) above my immediate supervisor whether they were aware of any complaints of poor patient care.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree

13. How confident are you that if you were to report this wrongdoing through official channels, management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s)) would not take actions against you.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

14. If you were to report this wrongdoing and requested that your identity be kept confidential, how confident are you that management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s)) would protect your identity.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

15. If you were to need protection from having reported this wrongdoing, how confident are you that management (i.e., CEO, DON, ASSOC. DON, immediate supervisor(s)) will protect you from reprisals.

(6)	(5)	(4)	(3)	(2)	(1)
Strongly Confident	Moderately Confident	Slightly Confident	Slightly Unconfident	Moderately Unconfident	Strongly Unconfident

## Demographics

16. Have you ever encountered an incident, or a series of incidents, that led you to correct something you thought was inappropriate in this or another organization for which you were employed?

\_\_\_\_\_ yes                    \_\_\_\_\_ no -----> skip to question #19

17. Did you report the activity to any individual or group who might have been able to bring about change? Note: merely discussing the matter with family members or mentioning it informally to coworkers is not a report.

\_\_\_\_\_ yes                    \_\_\_\_\_ no -----> skip to question #19

18. To whom, if anyone, did you report the incident (Please "X" all that apply).

\_\_\_\_\_ Immediate supervisor(s)                    \_\_\_\_\_ Administration

\_\_\_\_\_ Coworker(s)                    \_\_\_\_\_ Medical Staff

\_\_\_\_\_ Personnel Office                    \_\_\_\_\_ Media

\_\_\_\_\_ A Hot-line

\_\_\_\_\_ Other (Please specify): \_\_\_\_\_

19. Are you?

\_\_\_\_\_ Male                    \_\_\_\_\_ Female

20. What is your age?

\_\_\_\_\_ Under 20                    \_\_\_\_\_ 40 to 49                    \_\_\_\_\_ 70 or older

\_\_\_\_\_ 20 to 29                    \_\_\_\_\_ 50 to 59

\_\_\_\_\_ 30 to 39                    \_\_\_\_\_ 60 to 69

21. What is your highest educational level?

\_\_\_\_\_ Diploma plus some college

\_\_\_\_\_ Associate Degree

\_\_\_\_\_ Graduated from college (B.A., B.S., or other Bachelor's Degree)

\_\_\_\_\_ Graduate or professional degree

22. If you have any additional comments you would like to share, please use the space below.

**THANK YOU FOR YOUR COOPERATION**

Material reprinted from The Internal Auditor's Ultimate Responsibility: The Reporting of Sensitive Issues by J.P. Near & M.P. Miceli, 1988, The Institute Of Internal Auditors Research Foundation.

Material reprinted from The Organizational Consequences Of Whistleblowing by J.L. Perry, 1990, School of Public & Environmental Affairs: Indiana University.

### Bibliography

- Bandman, E. (1984). Whistle blowers take risk to halt whistleblowing. The American Nurse, 16, 5,8.
- Beck, M., & Buckley, J. (1983, August). Nurses with bad habits. Newsweek, pp. 52.
- Berscheid, E. (1985). Compatibility, interdependence, and emotion. In W. Ickes (Eds.), Compatible and incompatible relationships (pp. 143-161). New York: Springer-Verlag.
- Berscheid, E., Snyder, M., & Omoto, A.M. (1989). Issues in studying close relationships: Conceptualizing and measuring closeness. In C. Hendrick (Eds.), Close relationships (pp. 63-91). Newbury Park: Sage Publications.
- Bok, S. (1980). Whistleblowing and professional responsibilities. In D. Callahan & S. Bok (Eds.), Ethics teaching in higher education (pp. 277-295). New York: Plenum Press.
- Brabeck, M.M. (1984). Ethical characteristics of whistleblowers. Journal Of Research In Personality, 18, 41-53.
- Braithwaite, V.A., & Scott, W.A. (1991). Values. In J.P. Robinson, P.R. Shaver, & L.S. Wrightsman (Eds.), Measures of personality and social psychological attitudes (pp. 661-753). San Diego: Academic Press, Inc.
- Cerrato, P.L. (1988, October). What to do when you suspect incompetence. RN, pp. 36-41.
- Dozier, J.B., & Miceli, M.P. (1985). Potential predictors of whistle-blowing: A prosocial behavior perspective. Academy of Management Review, 10, 823-836.
- Fiesta, J. (1990a). Whistleblowers: Retaliation or protection - part II. Nursing Management, 21, 38.
- .... (1990b). Whistleblowers: Heroes or stool pigeons? - part I. Nursing Management, 21, 16-17.
- Fowler, M.D. (1986). Doctoring or nursing under the influence. Heart & Lung, 15, 205-207.

- Frey, L.R., Botan, C.H., Friedman, P.G., & Kreps, G.L. (1991). Investigating communication: an introduction to research methods. Englewood Cliffs, N.J.: Prentice Hall, Inc..
- Fry, S.T. (1989). Whistle-blowing by nurses: A matter of ethics. Nursing Outlook, 37, 56.
- Glazer, M.P., & Glazer, P.M. (1989). The whistleblowers: Exposing corruption in government and industry. New York: Basic Books, Inc.
- Graham, J.W. (1986). Principled organizational dissent: A theoretical essay. Research In Organizational Behavior, 8, 1-52.
- Greenberger, D.B., Miceli, M.P., & Cohen, D.J. (1987). Oppositionists and group norms: The reciprocal influence of whistle-blowers and co-workers. Journal of Business Ethics, 6, 527-542.
- Guy, M.E. (1990). Ethical decision making in everyday work situations. New York: Quorum Books.
- Hacker, A. (1978). Loyalty and the whistle blower. Across The Board, 15, 4-69.
- Haddad, A.M., & Dougherty, C.J. (1991). Whistleblowing in the OR: The ethical implications. Today's OR Nurse, 13, 30-33.
- Hancock, C. (1991). Blowing the trumpet. Nursing Times, 34, 26-28.
- Homant, R., & Rokeach, M. (1970). Value for honesty and cheating behavior. Personality, 1, 153-162.
- Hyland, M., & Frapwell, C. (1986). Afraid to tell. Nursing Times, 82, 50-51.
- Israel, D., & Lechner, A. (1989). Protection for whistleblowers. Personnel Administrator, 34, 106.
- James, G.G. (1983). Whistle Blowing: Its nature and justification. In M. Snoeyenbos, R. Almeder, & J. Humber (Eds.), Business ethics: Corporate values/society (pp. 287-302). Buffalo, New York: Prometheus Books.

- .....(1984). In defense of whistleBlowing. In W.M. Hoffman & J.M. Moore (Eds.), Business ethics: Readings/cases in corporate morality (pp. 249-260). New York: McGraw-Hill Book Company.
- .....(1990). Whistle-Blowing: Its moral justification. In P. Madsen & J.M. Shafritz (Eds.), Essentials of business ethics (pp. 160-190). New York: Meridian Book.
- Jensen, J.V. (1987). Ethical tension points in whistleblowing. Journal of Business Ethics, 6, 321-328.
- Keenan, J.P. (1988). Communication climate, whistle-blowing, and the first level manager: A preliminary study. Academy of Management Best Papers Proceedings, 40, 247-251.
- Kelley, H.H., Berscheid, E., Christensen, A., Harvey, J.H., Huston, T.L., Levinger, G., McClintock, E., Peplau, L.A., & Peterson, D.R. (1983). Close Relationships. New York: W.H. Freeman & Company.
- Larmer, R.A. (1992). Whistleblowing and employee loyalty. Journal of Business Ethics, 11, 125-128.
- Levine, A.J., & Groh, D.H. (1990a). Whistleblowing. Nurse Managers Bookshelf, 2, 84-100.
- .....(1990b). Confronting unsafe practice. Nurse Managers Bookshelf, 2, 62-83.
- Levinger, G., & Raush, H.L. (1977). Close relationships: Perspectives on the meaning of intimacy. Amherst: University of Massachusetts Press.
- Mathews, M.C. (1988). Strategic intervention in organizations: Resolving ethical dilemmas. Newbury Park: Sage Publications.
- Miceli, M.P., & Near, J.P. (1992). Blowing the whistle. New York: Lexington Books.
- Miceli, M.P., & Near, J.P. (1984). The relationship among beliefs, organizational position, and whistle-blowing status: A discriminate analysis. Academy of Management Journal, 27, 687-705.
- Miceli, M.P., Near, J.P., & Schwenk, C.R. (1991). Who blows the whistle and why? Industrial And Labor Relations Review, 45, 113-130.

- Nader, R., Petkas, P.J., & Blackwell, K. (1972). Whistleblowing: The report of the conference on professional responsibility. New York: Grossman Publishers.
- Near, J.P., & Miceli, M.P. (1985). Organizational dissidence: The case of whistle-blowing. Journal Of Business Ethics, 4, 1-16.
- Near, J.P., & Miceli, M.P. (1988). The internal auditor's ultimate responsibility: The reporting of sensitive issues. The Institute of Internal Auditors Research Foundation.
- Perry, J.L. (1990). The organizational consequences of whistleblowing. School of Public & Environmental Affairs: Indiana University.
- Phares, E.J., & Wilson, K.G. (1972). Responsibility attribution: Role of outcome severity, situational ambiguity, and internal-external control. Journal of Personality, 40, 392-406.
- Ravlin, E.C. & Meglino, B.M. (1987). Effect of values on perception and decision making: A study of alternative work value measures. Journal of Applied Psychology, 72, 666-673.
- Rokeach, M. (1973). The nature of human values. New York: The Free Press.
- Rothrock, J.C. (1988). Whistleblowing: Is it worth the consequences? Association Of Operating Room Nurses, 48, 757- 762.
- Seibold, D.R., Cantrill, J.G., & Meyers, R.A. (1985). Communication and interpersonal influence. In M.L. Knapp & G.R. Miller (Eds.), Handbook of interpersonal communication (pp. 551-611). Beverly Hills: Sage Publications.
- Silva, M.C., & Snyder, P. (1992). The ethics of whistleblowing by nurses. Nursing Connections, 5, 17-21.
- Stewart, L.P. (1990). "Whistle Blowing": Implications for organizational communication. In S.D. Ferguson & S. Ferguson (Eds.), Organizational communication (2nd ed.), (pp. 303-316). New Brunswick: Transaction Publishers.



- Sturch, L. (1991). Blowing the whistle. The New Zealand Nursing Journal, 84, 24-25.
- Tadd, V. (1991). Where are the whistle-blowers? Nursing Times, 87, 42-44.
- Tharp, K., & Mattingly, C. (1991). Whistleblowing. Plastic Surgical Nursing, 2, 33-34.

Granville King, III

Education: Western Kentucky University Bowling Green, KY.  
Bachelor of Arts, Mass Communication  
1/76 - 5/79

Western Kentucky University Bowling Green, KY.  
Master of Arts, Speech Communication  
8/81 - 5/83

Indiana University Bloomington, IN.  
Doctorate of Philosophy, Speech Communication  
Dissertation: An Interpersonal Analysis of Whistleblowing  
8/89 - 7/94

Experience: Indiana University Bloomington, IN.  
8/92 - 5/93

Associate Instructor: Taught undergraduate courses in public speaking

General Electric Customer Service Louisville, KY.  
8/88 - 8/89

Executive Sales Accountant: Responsible for several major appliance sales accounts. Responsibilities included billing, shipping, and training new sales accountants.

General Electric Answer Center Louisville, KY.  
6/84 - 8/88

Customer Representative: Responsible for effectively obtaining customer satisfaction regarding General Electric appliances and products.

Honors: Pi Lambda Theta: International Honor & Professional Association In Education

Indiana University Minority Fellowship 8/90 - 5/91

Indiana University Minority Fellowship 8/91 - 5/92

References: Available upon request