

# Reporting peer wrongdoing in the healthcare profession: the role of incompetence and substance abuse information

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## Abstract

This article reports an analysis of the thinking processes nurses use when making decisions to report peer wrongdoing. Nurses ( $N = 120$ ) were asked to provide subjective probability estimates of the likelihood that they would report a hypothetical coworker for substance abuse and/or incompetence related to practice. Data were analyzed using formal inference-based recursive modeling (FIRM). Findings confirm that when considering workplace wrongdoing, nurses view working under the influence of any type of substance to be a very serious offense. More interesting, nurses combined incompetence and substance-abuse cues in complex ways, possibly due to the critical-thinking skills acquired during their education and practice.

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## 1. Introduction

The purpose of this article is to extend our understanding of nurses' thinking processes used when making decisions to report a healthcare professional for giving inadequate patient care. In the parlance of ethics researchers, this is referred to as "reporting peer wrongdoing". This paper reports data collected from nurses in a laboratory setting. Nurse participants were asked to provide subjective probability estimates of the likelihood that they would report a hypothetical coworker for technical incompetence and/or substance abuse related to nursing practice. The goals of the study were to predict *what* nurses do when they encounter such events in practice, and to understand *how* informational cues combine and interact during the formation of such decisions. Results describing what nurses are likely to do

when faced with this type of wrongdoing are of use to policy makers and nurse educators who are interested in improving reporting efforts. Describing how nurses use informational cues is of interest to psychologists and other researchers interested in understanding cognitive processes such as decision making and critical thinking in nursing practice.

### *1.1. Prior research on reporting of peer wrongdoing in the healthcare profession*

Nurses' reporting of wrongdoing in the healthcare profession has been studied from a variety of perspectives using various methods. In a nationwide survey of 2000 nurses, Cerrato (1988) identified a number of cues that nurses declared influenced their decision to report or not report a healthcare professional for giving inadequate patient care. Two cues emerged as particularly important: whether the wrongdoing was perceived to be the result of incompetence or an honest mistake,

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and whether the professional who committed the wrongdoing was a nurse or a physician. Respondents said that they would be more likely to report wrongdoing if they perceived it to be incompetence (i.e., a pattern of behavior) rather than an isolated event. The nurses also indicated they would be more likely to report if the wrongdoer was a nurse rather than a physician.

Randall and Gibson (1991) manipulated these two cues in another survey study. One of four versions of a scenario describing either a nurse or a physician as either incompetent or having made an honest mistake (a 2 × 2 factorial design) was sent randomly to nurses employed at three different hospitals. Respondents provided subjective probability estimates of the likelihood that they would report the incident. The likelihood of reporting one type of professional or the other did not differ significantly. Of particular interest however, there was a significant interaction of these two cues; the seriousness of the wrongdoing was considerably more influential when the act was committed by a nurse than by a physician. This finding suggests that informational cues may not combine in a simple additive fashion as nurses make such decisions. However, because the manipulation of cues was between-subjects (i.e., each nurse responded to only one of the four scenarios) it was not possible to examine how individuals traded-off one type of cue against the other.

Other forms of wrongdoing by healthcare professionals can *indirectly* compromise patient care. Nurses whose professional functioning is impaired due to substance abuse represent a threat to the health and safety of patients, other healthcare staff, and themselves (Beckstead, 2002). Substance abuse violates ethical codes of conduct for both nurses<sup>1</sup> and physicians and may therefore be considered as workplace wrongdoing. Keenan (1995) found that wrongdoing which involved harm to others as a result of health and safety violations was rated as the most serious type of offense (when compared to other offenses such as fraud).

Hood and Duphorne (1995) examined the reporting strategies used by nurses faced with the decision to report substance abuse among their peers. Although inconclusive, some interesting findings are reported. Among them, nurses who believed that reporting would result in punitive consequences for the wrongdoer were actually deterred from making formal reports when they suspected co-workers of being under the influence of drugs or alcohol. Nurses who believed that rehabilitative, or assistive consequences would result for the

wrongdoer were more likely to report them. These findings suggest that the thoughts and feelings that nurses hold regarding the consequences of their reporting actions may influence their decision outcomes.

The thoughts and feelings that nurses hold toward substance abuse, in general, can also affect these decision processes. Proceeding under the assumption that decision processes are influenced by attitudes, Beckstead (2002) examined four related, yet distinct, attitudes: permissiveness, moralism, treatment optimism regarding substance abuse, and punitive attitude toward impaired nurses. Permissiveness toward substance use was found to be the strongest predictor of intention to report an impaired nurse. Moralistic attitude toward substance use (moralism) influenced punitive attitude, but had no relationship to intention. Treatment optimism, (believing that rehabilitative efforts are productive) also predicted intention to report substance abuse, strengthening Hood and Duphorne's findings. Beckstead (2003) demonstrated that nurses' attitudes moderated the influence of various cues when making judgments about the degree of impairment experienced by a hypothetical substance-using coworker. Nurses with less permissive attitudes toward substance use emphasized information about drug use and de-emphasized information provided on technical incompetence; nurses with more permissive attitudes showed the reverse pattern. In another study, these attitudes were found to moderate nurses' intentions to report coworkers for substance abuse (Beckstead, 2004). While nurses with more permissive attitudes were less likely to report coworkers for using substances while off duty, they were more intolerant of on-the-job substance users when compared to their less permissive counterparts.

The present investigation had two specific aims: (1) to assess the extent to which the influence of incompetence information may be modified when considered in the context of substance-abuse information as nurses make decisions to report workplace wrongdoing, and (2) to do so using a within-subjects manipulation in order to determine if (and how) the individual nurse's decision process involves non-additive trade-offs or interactions among these cues.

## 2. Method

This section is organized into four parts. First, the characteristics of the participants are described. Second, the approach to measuring subjective probability judgments and the stimulus materials employed are presented. Third, the data collection procedure and counterbalanced design are outlined. Finally, the data analysis strategy, using formal inference-based recursive modeling, is explained in detail.

<sup>1</sup>The ANA House of Delegates approved the *Code of Ethics for Nurses With Interpretive Statements* in June, 2001. Section 3.6 pertains to impaired practice. Copies of this material are available online at <http://nursingworld.org/ethics/code/ethicscode150.htm>.

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