Should a nurse report a nurse ?

One of the prices of professionalism is that nurses are duty-bound to report any illegal acts or bad practices committed by colleagues. ANTHONY CARR explains why it is not enough for nurse managers to take action on a justified complaint, they must support the complainant afterwards.

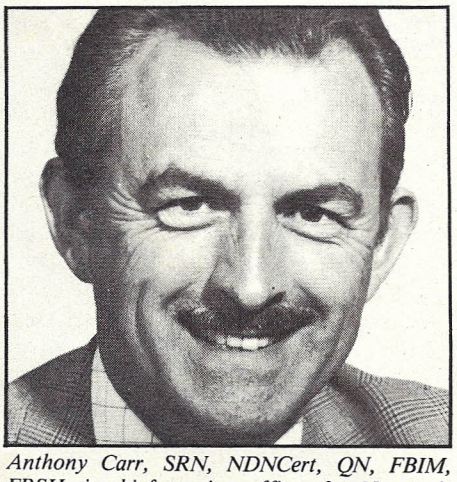
ONE MORNING many years ago I was confronted in my office by six ward sisters and charge nurses all looking anxious. They wished to tell me, they said, of an incident that had happened the day before. An assistant matron had requested the drug keys from several junior nurses and taken collectively from several wards a large quantity of dihydrocodeine tablets.

On further questioning, I found that smaller amounts had been taken by this senior nurse with the knowledge of the ward sisters during the previous two years. When asked why they had not reported this matter sooner some became a little emotional and replied angrily that they were not in the habit of reporting each other to a higher authority.

While they were speaking my mind went back about 14 years to when I was a newly appointed charge nurse on night duty and in charge of the hospital. The casualty officer was called to attend a woman who had arrived with a threatened abortion.

After he had arrived at the casualty department the staff nurse telephoned me to say that in her opinion the doctor was not capable of examining the woman – although he was attempting to do so – because he was drunk!

I saw him and it was obvious that he was incapable of conducting a medical examination and he was obviously distressing the patient. He was persuaded to go to bed and after a long interval another doctor was found to treat the patient. The question that went through my mind all night was "Should I or should I not report this doctor?"



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When morning came I decided that in order to protect future patients I had to report the incident. All the senior medical and nursing staff were very supportive that morning. I went home relieved.

The next night, however, was entirely different. One junior houseman after another refused to speak to me. One young doctor even refused to visit a patient and this resulted in the consultant attending. Many of the nursing staff were cool and full of resentment towards me. It took about six months for that feeling of resentment to subside.

From this experience I realised that peer group support for good or not so good was an important ingredient in working with other people, even if this led to protecting a poor or even dangerous practitioner.

Coming back to the group in front of me, I spent many hours with them not only taking detailed statements from them but trying to teach them that there was a very much higher duty placed on them than peer group support and that, to be truly professional, illegal acts of colleagues had to be exposed, even if this caused personal pain and left them with a bad conscience. By condoning the assistant matron's behaviour they had left her totally addicted to a drug and a physical and mental cripple for the rest of her life.

Of course individuals matter. But nurses should have a greater loyalty both to themselves and to their profession and patients. The nurse must be true to herself first. Bad practice has to be exposed and I believe that a qualified nurse who fails to report ill-treatment of a patient or the illegal acts of a colleague is guilty and can be seen as condoning such bad practice.

The International Council of Nurses' code of ethics states: "The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other person." It may be appropriate for nurse managers to seriously consider if they should incorporate this code into their contracts of employment.

Nurse managers have a responsibility – which is normally written into their job descriptions – to take action if they believe that a more junior nurse is behaving unprofessionally. There does not seem to be the same requirement among peers; that is to report to a higher grade of nurse the adverse behaviour of a colleague.

Sometimes reporting an incident to a higher authority does not have the desired effect. A colleague once told me that when managing an isolated unit she had evidence that a trained nurse had ill-treated an elderly patient. When reporting this to the most senior nurse no action was proposed apart from the offer to have a chat with the nurse concerned. Only when my colleague offered her resignation, together with her intention of reporting the senior nurse and the whole matter to the General Nursing Council, was action taken to investigate the matter seriously.

Where staff have been courageous enough to report a situation, then it is management's responsibility to attempt to protect that individual from adverse peer group reaction. I say "attempt" because in many cases showing resentment against the individual is subtle. It may be necessary to devote much time to supporting a nurse who has reported an incident or even contemplate moving her to another situation, although there are dangers even in this sort of action.

Immediate disciplinary action should be considered if the nurse is in any way put into a situation of being unable to do her work without fear or because she is being obstructed. In contemplating such action and letting it be widely known the staff will generally appreciate that the management of the authority is not prepared to tolerate discrimination of its staff.

Nevertheless, with all these safeguards the reporting nurse will often have an unpleasant time afterwards: giving evidence, making statements, and so on, both to the health authority and later perhaps to the GNC. This is the price to be paid if nurses truly wish to be called professional □