2015

Editorial: Promoting organisational recovery after wrongdoing: is this next challenge for nurse leaders?

Marie Hutchinson
Southern Cross University

Debra Jackson
Oxford Brookes University

Publication details
Published version available from:
http://dx.doi.org/10.1111/jonm.12296
In recent years a number of health care organisations have been at the centre of media reports and public inquiries into wrongdoing and systemic failures (Alberti 2009, Thome 2009). Most of this high-impact organisational wrongdoing has been collective in nature, involving numerous individuals within organisations. In at least some ways, these events have contributed to an erosion of trust in the safety and benevolence of healthcare organisations. For the nursing workforce, these high profile events have occurred against a backdrop of already high levels of workplace stress and trauma (Jackson et al. 2010), exacerbating what already can be difficult and troubling work environments (Hutchinson & Jackson 2014a).

Reducing the enormous burden that stems from wrongdoing and fostering organisational recovery is a formidable challenge facing many nurse leaders. There is a pressing need for nurse leaders to understand the processes through which organisations can recover their legitimacy and repair trust in the face of systemic failure and wrongdoing. Furthermore, we suggest there is a need to extend efforts to repair harm from an individual-level focus to include organisational and intra-organisational focii.

Adopting a broad view on wrongdoing

Narrow definitions of wrongdoing focus attention on corrupt or unethical acts (Lange 2008). We conceptualise wrongdoing more broadly, to encapsulate intentional, tolerated or unintentional actions that violate expected standards, and result in actual or potential harm. Mistakes and errors are unintentional forms of wrongdoing (Crigger & Godfrey 2014). These often stem from system failures or failures in reasoning, communication and decision making. On the other hand, incompetence can lead to forms of wrongdoing that arise from ignorance. Between these two extremes we position forms of wrongdoing that stem from the normalisation of rule breaking or wrongdoing. In this form of wrongdoing the moral compass of individuals is distorted towards a tolerance of acts that breach accepted standards. Thus, wrongdoing can be the product of individual behaviour, or arise from various organisational structures and processes that provide situational influence and shape behaviours.

Among nurses, exposure to wrongdoing may take many forms and generate multiple trauma. Interpersonal wrongdoing such as bullying and violence results in considerable harm to individuals and organisations (Hutchinson & Jackson 2014b). Similarly, witnessing ethical failures and care failures contributes to moral distress (Burston & Tucker 2012), which is reported to occur at alarmingly high rates in the nursing workforce. Additionally, wrongdoing harms relationships within organisations. It erodes trust and undermines employee opinions about the integrity of the organisation (Jackson 2008), including confidence in management and leaders (Jackson et al. 2013).

The need for a focus upon organisational recovery

How an organisation responds to transgressions and wrongdoing can influence the level of harm that occurs to the workforce as well as the level of harm that occurs to the social fabric of the organisation. The impact on workers of observing conduct that violates organisational policies or their own personal standards can potentially have quite important implications for employees (Jackson et al. 2010). Particularly where there is a possibility that these events may be repeated. While incidents such as medication errors are often framed as technical errors or systems failures, for the clinicians involved in such errors, these events may be emotionally traumatic (Berlinger 2011). Similarly, witnessing wrongdoing can lead to feelings of powerlessness and fear. There is ample evidence that nursing workgroups may close ranks on individuals who raise concerns (Jackson et al. 2010), with rejection by the group triggering feelings of humiliation and despair. Of note, significant events, or even small scale rule-breaking or wrongdoing, can trigger an emotional response among employees, including those involved directly in the incident and those who witness such events (Peters et al. 2011). This
emotional response can shape perceptions about the likelihood of the event recurring and create negative emotions and perceptions that can spread through a workgroup, organisation or even industry.

These dynamics are known to fracture relationships and trust between employees and erode perceptions of trust within the organisation. When trust is disrupted, further long term harm is likely if attention is not given to relational repair (Jackson et al. 2010). There is also ample evidence that emotional responses to wrongdoing can foster negative impressions about an organisation and a collective mindset of tolerance of indiscretion or rule breaking. Importantly, employees often interpret the actions of actors within organisations as representing the organisation. Therefore, even repeated small-scale lapses can foster attitudes of tolerance; potentially undermining employee perceptions about organisational integrity. A failure to focus upon organisational recovery can lead to defensive organisational responses when investigating and responding to wrongdoing. This type of response fails to address stakeholder concerns and their need to understand what has occurred. Furthermore, the interconnected nature of relationships within organisations can lead to risk transference, with failure at one level of an organisation having a ripple effect that can compound the consequences in another area of the organisation.

In the nursing context, there are likely to be multiple high probability, low consequence events occurring. One of the risks in this type of environment is that leaders give little attention to the consequences of the cumulative transference of risk. The temptation is to focus attention upon risk-managing events that are foreseeable or more high-risk, without giving sufficient attention to the cumulative ripple-effect of repeated lower order transgressions or harms and strategies to promote recovery after wrongdoing.

Strategies to promote recovery

Nurse leaders have a crucial role in promoting organisational recovery following wrongdoing, and should take an active role in responding to wrongdoing. Indeed, for nurses, the response of nurse leaders represents the organisational response, and the manner of these responses has important implications for recovery and the reversal of harm at an individual and organisational level (Jackson et al. 2013). We recommend four foci for nurse leaders in addressing recovery after wrongdoing – repairing relationships, repairing trust, reaffirming justice, and repairing identity and legitimacy. Below, we introduce each of these concepts and note how attention to these factors can contribute to repairing the moral fabric of organisations in the aftermath of wrongdoing or systemic failure.

Repairing relationships

One of the key elements of organisational recovery is repairing relationships. When employees witness or are involved in wrongdoing, a response that includes appropriate restorative actions can provide a foundation for an effective recovery process that can sustain more positive relationships among employees than existed prior to the event (Schminke et al. 2014).

Traditional approaches to employee wrongdoing have focused upon punishment. Dealing with wrongdoing through reconciliation and recovery is emerging as a strategy for enabling individual and organisational recovery (Crigger & Godfrey 2014). Restorative approaches to rebuilding relationships within an organisation following wrongdoing seek to make visible the effect of wrongdoing and provide opportunity for those who have engaged in wrongdoing to make amends to those harmed (Hutchinson 2009). These approaches integrate punishment with restorative practices, or may utilise restorative approaches alone for more minor acts of wrongdoing. Repairing relationships damaged by wrongdoing can help individuals to regain trust, credibility and legitimacy that may have been damaged through wrongdoing.

Repairing trust

Organisational trust is a fundamental assumption of employment. In a case study analysis of organisational failure, Gillespie et al. (2014) identified that open, cooperative and conciliatory responses to integrity failure facilitated recovery and restored trust, whereas a defensive response blocked recovery. Defensive or avoidant approaches to managing wrongdoing are commonplace within health care organisations (Jackson et al. 2013). This type of response has been shown to alienate stakeholders and prevent organisations moving forward with recovery. Whilst the defence of an organisations’ reputation may seem a logical stance for managers focused upon containing risk. This approach chances internal stakeholder alienation and can generate perceptions of self-serving leadership. In turn, this can actively create mistrust, which may lead individuals to withdraw their support and instead, resort to whistleblowing (Alberti 2009, Thome 2009).
When wrongdoing occurs, the most effective initial response is an open apology rather than denial. Expressing remorse and accepting responsibility is also a necessary early step in the trust restoration process (Gillespie et al. 2014). Organisations can support this process through openly disclosing wrongdoing and engaging in transparent internal investigations (Bertels et al. 2014). Statements by leaders that serve as ‘trustworthiness demonstrations’ are also an important strategy to contain employee mistrust and demonstrate the active renewal of trust. Similarly, actions that display penance or sanction, and then actively engage wrongdoers in demonstrations of reparation are important in recovering trust (Dietz & Gillespie 2012). Embarking on an overt trustworthiness repair effort underpinned by compassion, integrity and openness has been identified as a strategy employed by organisations that have successfully avoided sustained damage to organisational trust following significant wrongdoing (Dietz & Gillespie 2012).

Reaffirming justice

For nursing leaders, one of the major challenges faced in creating environments more conducive to recovery after wrongdoing is the blame culture which can dominate in many health care environments (Hutchinson 2009). Blame cultures are characterised by the quick targeting or scapegoating of particular people in the event of poor outcomes, rather than more broadly considering factors contributing to poor practice and suboptimal outcomes. These environments can spawn climates of fear, in which staff may become too apprehensive to speak out against situations and events that trouble them (Jackson et al. 2011). Such environments can leave staff feeling silenced (Jackson et al. 2010, Jackson et al. 2013) and generate moral distress in health care staff. Once health care personnel become morally troubled, whistleblowing can become the next step.

Whistleblowing is known to be a very traumatic experience (Jackson 2008, Jackson et al. 2010, Jackson et al. 2011, Peters et al. 2011). The initial decision to speak out is preceded by an intense emotional period, impacting individuals coping, emotional wellbeing and justice frameworks (Hutchinson & Jackson 2014a,b). The aftermath of whistleblowing is also known to be extremely traumatising with people experiencing both short and longer-term negative outcomes, that are both personal and professional (Jackson et al. 2010, Jackson et al. 2011, Peters et al. 2011). There is also evidence to suggest that family-members of whistle-blowers are vulnerable to negative sequelae (Wilkes et al. 2011). The literature on whistleblowing in nursing highlights the relationship between justice culture and recovery. A more responsive and restorative approach to reaffirming justice following wrongdoing is likely to encourage future reporting, thereby strengthening the ethical culture within organisations.

Repairing identity and legitimacy

Organisational recovery and trust repair can also be facilitated through re-establishing a positive organisational identity amongst the workforce. The shared organisational identity of employees is most relevant in times of crisis or upheaval (Gillespie et al. 2014). Repairing shared identity-narratives among the workforce can provide a resource for strength and resilience for employees to draw upon as they recover. Repairing identity can be fostered through allowing employees to collectively reflect upon the factors that contributed to the wrongdoing and openly acknowledging the negative emotions and harmed identity that has occurred. This provides the opportunity to collectively work through emotions such as shame, anger or regret. Management can take a lead role in creating positive identity narratives that provide an alternative narrative to assist with recovery.

This type of ‘emotion repair work’ may lay the foundation for re-creating a discourse within the organisation that challenges the values, norms or practices that contributed to the wrongdoing in the first place. While at the same time, creating opportunities to generate renewed organisational narratives that re-build internal confidence and legitimacy. When an organisation recovers from wrongdoing in an effective manner, employee satisfaction may be higher than if no failure had occurred. This paradox of service recovery (Schminke et al. 2014) suggests a well-managed recovery may create more goodwill than had the event not occurred in the first place.

Conclusion

The complex and highly pressured nature of health care service delivery in the 21st century means that all personnel within health service organisations have a role in maintaining practice and care quality, and alerting managers to any breaches of standards. Nurses and nurse leaders play a particularly crucial role in the effective recognition and management of issues involving systemic failures and organisational
wrongdoing. We argue that nurse leaders also have an essential and leading role in alleviating the massive burden that arises from wrongdoing and fostering a milieu in which individual and organisational recovery can occur and organisational trust restored.

Marie Hutchinson RN, R.M., P.D.
Associate Professor, School of Health and Human Science,
Southern Cross University, Lismore, NSW, Australia
E-mail: marie.hutchinson@scu.edu.au

Debra Jackson Ph.D., F.A.C.N
Professor of Nursing, Faculty of Health & Life Sciences,
Oxford Brookes University, Oxford, and
Professor Nursing Research, Oxford University Hospitals
NHS Trust, Oxford, UK and
Professor of Nursing, School of Health, University of New
England, Armidale, NSW, Australia

References


