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ORIGINAL ARTICLE

Reasoning for whistleblowing in health care

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Abstract

Background: Whistleblowing is recognised as part of solving wrongdoing. It requires individual reasoning as it is a potentially complicated process with a risk of possible negative consequences for oneself. Knowledge on how individuals reason for whistleblowing in healthcare context is lacking.

Aim: This study aimed to create a theoretical construct to describe individual reasoning for whistleblowing.

Methods: The methodology was grounded theory, with 244 nurses as informants. The data consisted of nurses' written narratives in response to a wrongdoing situation presented in a video vignette. To ensure the heterogeneity of the population and variation in nurses' professional expertise, experiences and geographical locations in health care to capture the multidimensionality of the responses, nurses were invited to participate, and data were collected electronically from the membership register of the Finnish Nurses' Association on a national level. Constant comparison was used to analyse the open data.

Results: The core category of the theoretical construct, 'The formation of morally courageous intervening', was discovered, reflecting individual's values and beliefs. It forms mentally as an integration of cognition and emotion for recognising one's own strengths and limits to act to do the right thing despite the risk of negative consequences for oneself. The core category consists of three dimensions of reasoning: (1) Reasoning Actors, (2) Reasoning Justifications and (3) Reasoning Activities, their categories and three patterns of reasoning connecting the dimensions and their categories with each other: (I) Individual Reasoning, (II) Collaborative Reasoning and (III) Collective Reasoning.

Discussion and conclusion: The theoretical construct indicate that reasoning is a multidimensional phenomenon. In future, a theoretical construct could be further developed. In health care, managers could use the theoretical construct to support employees in their whistleblowing.

KEYWORDS

constant comparison, grounded theory, healthcare professionals, reasoning, video vignette, whistleblowing, wrongdoing

INTRODUCTION

Healthcare professionals observe various wrongdoings globally in health care. Whistleblowing is an ethical activity, aiming to end these wrongdoings.[1–3] Responding to observed wrongdoing has been described as an individual's decision-making process.[3, 4] Individual responses to observed wrongdoing vary,[5, 6] regardless of the ethical guidelines[7] and legislation[8–10] guiding the activity of healthcare professionals. Some individuals may immediately respond to their observations of wrongdoing whereas others tolerate them for years[6]. Wrongdoing and inability for whistleblowing increase individual's moral distress,[6] which may eventually lead to turnover,[1] thereby worsening already difficult work force situation in health care.[11] To understand these individual responses when observing wrongdoing, this study focuses on individual reasoning for whistleblowing.

Whistleblowing has been defined as a current or former employee's reporting of unethical, illegal, or illegitimate wrongdoing in the workplace to parties inside or outside the organisation that may have the power to end the wrongdoing. Whistleblowing has been defined as an act of disclosure or series of acts, a process.[12, 13] In this study, whistleblowing is defined as a process where (1) wrongdoing, is observed in healthcare organisation by the healthcare professional. They become a whistle-blower if they (2) address the whistleblowing act to someone capable of ending the wrongdoing such as managers, police, health authorities or media.[4, 6, 12] After performing the whistleblowing act, the whistle-blower could face (3) consequences varying from appreciation to retaliation.[4, 5] As whistleblowing act can be addressed to managers, it is also called raising concerns or speaking up about wrongdoing.[14]

Whistleblowing requires individual reasoning as it is characterised as a complex and emotional issue.[15] Aristotle describe reasoning as a process or a chain of rational inquiry, presupposing that the individual has a goal they are aiming to achieve, and reasoning being a task to determine how to accomplish that goal.[16] In this study, reasoning is considered as logical thinking potentially leading from an observation of wrongdoing to the whistleblowing act.

There seems to be a gap in the literature, as no studies were identified focusing on reasoning for whistleblowing in health care. However, healthcare professionals' reasons for whistleblowing have been described, such as patient advocacy.[13] In addition, reasons are related to care provision as ensuring the quality of care or upholding the ideals of the profession.[17] Moreover, healthcare professionals' own conscience, ethical and professional duties and responsibilities, or fear of complicity are described as reasons for whistleblowing.[17–19] One of the main reasons for not blowing the whistle is fear of potential negative consequences for oneself.[20, 21]

This study aimed to create a theoretical construct to describe individual reasoning for whistleblowing, which is needed to gain an understanding of the phenomenon of whistleblowing. By this understanding, managers are able to support employees in their whistleblowing. This study focuses on nurses as the largest group of healthcare professionals.[22]

METHODS

Design

Grounded theory (GT) approach was used as it is well-suited method when little is known about the phenomenon under study.[23, 24] It is appropriate for studying complex social and psychological processes and patterns,[24] as the philosophical basis of the method lies in symbolic interactionism.[25]

Participants

The participants were 244 nurses, providing a narrative about their potential whistleblowing and reasoning for that. Most of the participants were Registered Nurses and employees having around 18 years of work experience, and their mean age was 45 years.(Table 1) To capture the heterogeneity of the population[26] and the variation in nurses' professional expertise, experiences and geographical locations in order to achieve data as rich and diverse as possible to ensure the theoretical saturation,[24] the potential participants were invited from the membership register of the Finnish Nurses' Association. The membership coordinator of the association sent an invitation to participate the study once via email to 30,000 nurses in their register, all subscribers to the association's newsletter. The aim of using national-level sampling was capture the multidimensionality of reasoning for whistleblowing in health care.

Data collection

Nurses' written narratives in response to the wrongdoing situation presented in the video vignette, formed the data. The data were collected electronically between 16 August and 5 September 2019. Nurses responded to the following

TABLE 1 Background of the participants $n = 244$

Variables	*n*	Mean	Range	*f* (%)
Age	243			
Years		45.0	21-72	
Work experience	241			
Years		18.1	0-41	
Gender	242			
Female				227 (94)
Male				15 (6)
Education level	240			
Student				11 (4)
Vocational school degree				64 (27)
Baccalaureate or bachelor's degree				127 (53)
Master's degree				38 (16)
Occupation group	234			
Registered Nurse				214 (92)
Public health nurse				8 (3)
Midwife				2 (1)
Other (i.e. master's student)				9 (4)
Nature of the employment	243			
Employee				149 (61)
Manager				31 (13)
Not working at the moment				28 (12)
Other (i.e. entrepreneur, nurse specialist)				35 (14)

question: 'How would you act in the situation (seen on the video) and why?'. The question was considered to include both the individual's potential whistleblowing act and their reasoning for that act.

The video vignette was chosen as a part of data collection as vignettes have been used for exploring ethical decision or judgement making.[27] Vignettes are thoroughly planned narratives of hypothetical or actual cases,[28] simulating the research topic.[27] Vignettes may be audio- or videotaped scripted stories or written narratives,[29] videos considered as more realistic.[30]

The video vignette was scripted and filmed for this study by the researchers. Participants were requested to watch the video and afterwards answer to an open question. However, the proceeding of the vignette was not as obvious as described here. Hence, it was filmed in a way that allowed emergence of the various interpretations and different levels of individual reasoning, such as whether the participants even observed the wrongdoing or not.

In the video vignette, a home nursing event took place. In the beginning, two nurses (A and B) approach the patient's home by climbing the stairs. While climbing, Nurse A gives a report about the patient's condition and distributes their tasks. Nurse A is presented as more experienced than the Nurse B. The nurses ring the doorbell and the patient opens the door, allowing the nurses to enter. The nurses greet the patient, telling her the reason for their visit. Nurse A heads to the kitchen to prepare the patient's medication and Nurse B goes to the living room with the patient to measure the patient's blood pressure and blood sugar. Nurse A is distributing medicine, she puts a package of medicine in her pocket. Nurse B, in the living room with the patient, observes the incident and here the video ends.

Data analysis

The data were analysed using the method of constant comparison of the grounded theory approach.[23, 24] The data analysis was conducted by the first author in collaboration with other authors and the NVivo software was used to process voluminous data.[31] Throughout the analysis, theoretical memos were written, and questions were set on the data. Although the analysis is presented linearly, it moved back and forth during the research process.(Figure 1) At first, the original expressions were line-by-line open coded into substantive codes, which were then compared for similarities and differences, yielding thirty-four sub-categories. These sub-categories were then compared with each other in terms of their nature and properties, yielding 14 categories. Theoretical saturation was reached as no further new codes and categories emerged from the data. The connections, similarities and differences between the categories were compared yielding three theoretical dimensions of reasoning for whistleblowing.(Table 2) In the second phase, the categories and dimensions were connected together with axial coding. Three dichotomous and one trichotomous(Figure 2) comparison were carried out using cross-tabulation to identify the patterns of reasoning for whistleblowing. Finally, selective coding was used to discover the core category of the theoretical construct to describe individual reasoning for whistleblowing with the most categories, dimensions and patterns relating to it. The theoretical memos played an important part in discovering the core category.

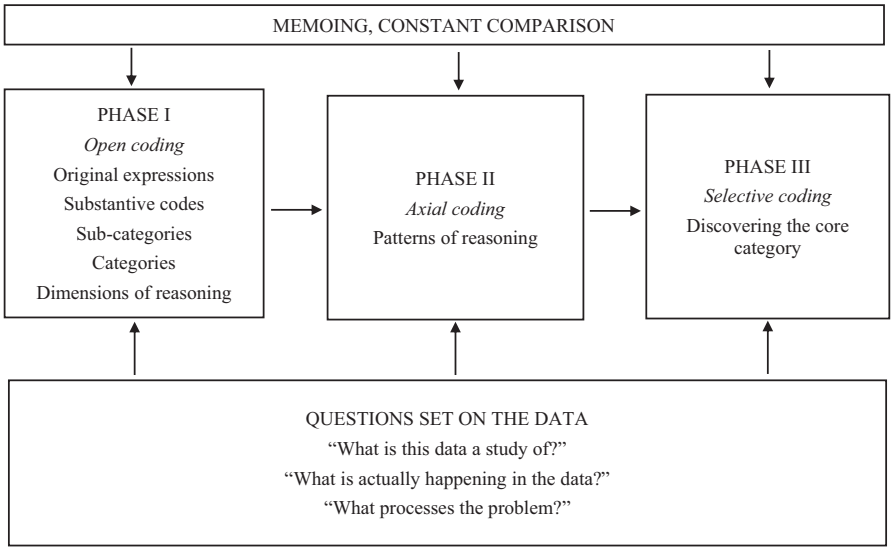

FIGURE 1 Phases of the data analysis process (questions Glaser 1978 p. 57).

Rigour

Evaluation criteria of *fit*, *work*, *relevance*[24] and *credibility*[23] were used throughout the research process to ensure the rigour and trustworthiness of the study. *Fit* of the findings was ensured with regular discussions among the authors. External peer-checking was used to confirm the theoretical construct as the findings were discussed among the group of researchers, who were also nurses or other healthcare professionals. To *work*, the theoretical construct must describe reasoning for whistleblowing; this was ensured by constantly questioning what was going on in the data. The *relevance* of the theoretical construct for the participants was ensured as the core category, dimensions and their categories and patterns of reasoning for whistleblowing were not forced but discovered through the method of constant comparison.[24] *Credibility* was ensured with continuous constant comparison and writing theoretical memos during the analysis, which serve as an audit trail of coding and categorising. In addition, memoing increased the self-awareness of researcher's biases and assumptions, thereby enhancing the theoretical sensitivity of the research.[23]

Ethical considerations

This study was conducted following good scientific inquiry guidelines and the standards of publication ethics.[32–35] The study obtained ethical approval from the Ethics Committee of the University of Turku, Finland (10/2019) and the permission to use the membership register of the Nurses' Association in recruiting potential participants. All potential participants received information about the study and an opportunity to obtain additional information from the researchers. Participation was voluntary, and confidentiality and anonymity were guaranteed. Returning a narrative was considered as consent to participate.[34, 35]

RESULTS

The theoretical construct of an individual reasoning for whistleblowing was created. This section will summarise the core category 'The formation of morally courageous intervening', the dimensions: (I) Reasoning Actors, (II) Reasoning Justifications and (III) Reasoning Activities and their categories (Figure 3), and the patterns of reasoning: (1) Individual reasoning, (2) Collaborative reasoning and (3) Collective reasoning.

Core category: The formation of morally courageous intervening

The core category of the theoretical construct was 'The formation of morally courageous intervening' reflecting an individual's personal values and beliefs and is needed for recognising one's own strengths and limits to act when observing wrongdoing. Morally courageous intervening means doing the right thing and good for others in the face of violations of human dignity and rights even when there is a threat of potential negative consequences to oneself. Morally courageous intervening forms mentally as an integration of an individual's cognition and emotion, potentially leading to the whistleblowing act.

Dimension of reasoning actors

Dimension of Reasoning Actors including three categories were identified (i) Individual Actors, (ii)

TABLE 2 Example of the data analysis process from original expressions to the core category (example does not include all the categories)

Original expressions	Substantive codes	Sub-categories	Categories	Dimensions	Core category
'As the registered nurse measuring the BP, I would ask the other nurse to step aside and tell them what I saw. According to RN's ethical guidelines, you must intervene in inappropriate activity by a colleague and bring up the issue in discussion'. (23)	Nurse would act according to ethical guidelines	Nurse and profession	Collective actors	Reasoning actors	'The formation of morally courageous intervening'
'I would not want to keep the matter a secret, because in the end, it is to nobody's benefit, and activity of this kind (stealing) chips away at trust. You must be able to trust a nurse, especially one who comes to your home. Trust is the basis of all nursing'. (151)	Nurse would act for the reliability of nursing	Nurse and nursing			
'After initial confusion I would eventually bring up the issue with a colleague and would listen what he/she has to say. I would also tell him/her that we could go together to discuss about the issue with the manager and I would let him/her know that I would anyway tell to the manager. Patient's right to receive their own medicine and good care is the reason'. (38)	Nurse would act for the realisation of the patient's rights	Advocate patients and defend their rights	Acting for the benefit of the patient	Reasoning justifications	
'I would say to my colleague that I saw the situation and would ask them to return the medicine back to its place. I would also tell that I will tell to manager about the situation. I do not accept stealing from a patient and the safety of the patient is endangered if they do not receive the medication they are prescribed. In addition, then employee may carry on with the activity if no one intervenes'. (109)	Nurse would act because patient safety is endangered	Concern for patient safety			
'If I felt that my job was not in danger I would gently inform the manager about the matter'. (28)	Nurse anticipates potentially endangering their job	Anticipating potential consequences for oneself	Anticipating potential consequences	Reasoning activities	
'A theft is always a crime and one must not hide crimes. The whole work community may come into a bad light; in addition, all who have visited the apartment are under suspicion'. (30)	Nurse anticipates potential consequences for the work community	Anticipating potential consequences for others			
'I would not have the means or the courage to bring the matter up in discussion alone; for my own safety, I would want my own immediate supervisor manager, for example, with whom I would bring it up'. (228)	Nurse wants manager to be present for the sake of their own safety	Seeking help or support	Seeking confirmation in uncertainty		
'Before leaving, I would check that the customer has enough medicine left; this way, I could get confirmation of the wrongdoing'. (2) 'After seeing what happened, I would ask the nurse did I see correctly, did you put medicine into your own pocket?' (218)	Nurse seeks confirmation for their suspicion of wrongdoing	Seeking additional information			

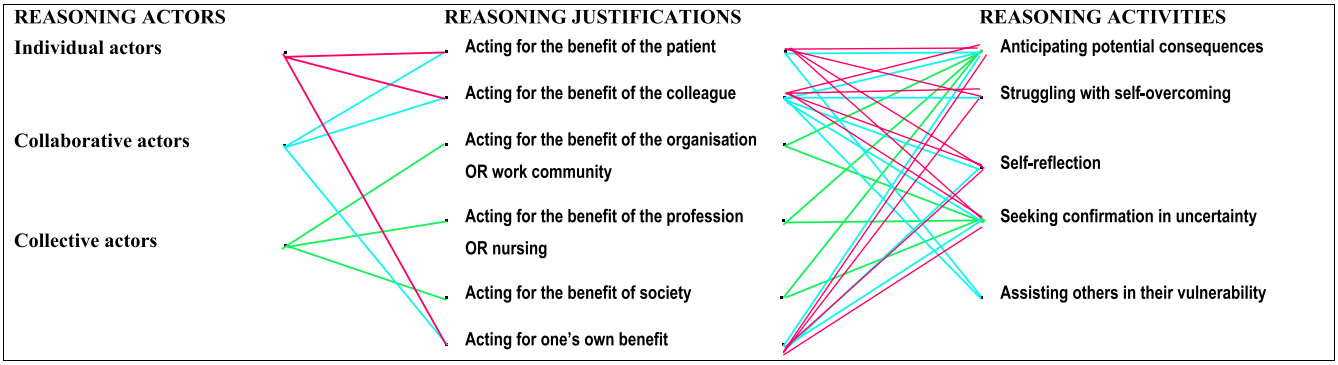

FIGURE 2 Theoretical memo of the relationships between the dimensions (written with CAPITAL LETTERS) of reasoning for whistleblowing and their categories (written with lower case letters).

Collaborative Actors and (iii) Collective Actors. *Individual Actors* reason for whistleblowing by themselves.

> If someone steals medicine you absolutely have to intervene. Certainly, by telling your colleague directly that what they are doing is wrong. In this case I would probably also report the matter to the manager, because if the matter was merely brought up in discussion (with the colleague) it would only remain known to us and there would be no way to check that the activity has stopped. On the other hand, if the misuse of medicine has escalated into a situation where someone steals medicine from a patient – the colleague definitely needs help as well.
>
> (134).

Collaborative Actors reason for whistleblowing together with the healthcare manager or other nurses if they are uncertain or in need of support for their reasoning and whistleblowing when observing wrongdoing.

> It would be difficult for me to bring up my observation directly with my colleague. I would probably go to the manager to talk about the issue and this way strive to get support for correct actions and for resolving the issue.
>
> (81).

Moreover, the nurse and the patient reason together how the patient wishes the wrongdoing to be resolved.

> I would ask the patient whether they want the police to be called. During the situation I would be there as the patient's assistant or support.
>
> (53).

Collective actors refer to nurses' collective reasoning, belonging to various groups and acting according to those group's rules, guidelines or legislation. Nurse and the profession refer to nurses' collegiality and following the rules and ethical guidelines established by the profession. Nurse and organisation refer to nurses acting according to the guidelines and directives asset by the organisation. In addition, nurse and nursing describes the nurses' collectivism by committing to good nursing and health care or acting as a reliable nurse. Nurse and work community refers to protecting the reputation of the work community. Finally, nurse and society describe nurses' reasoning for whistleblowing as acting according to the rules of society regulated by legislation.

> According to legislation, all healthcare professionals have a duty to intervene and report situations of this kind or inappropriate treatment.
>
> (186).

Dimension of reasoning justifications

Dimension of Reasoning Justifications including six categories were identified (1) acting for the benefit of the patient, (2) acting for the benefit of the colleague, (3) acting for the benefit of the organisation or work community, (4) acting for the benefit of the profession or nursing, (5) acting for the benefit of society and (6) acting for one's own benefit.

Nurses *act for the benefit of the patient* as they defend and advocate for patients and their rights and are concerned for patient safety. Nurses assist and support the

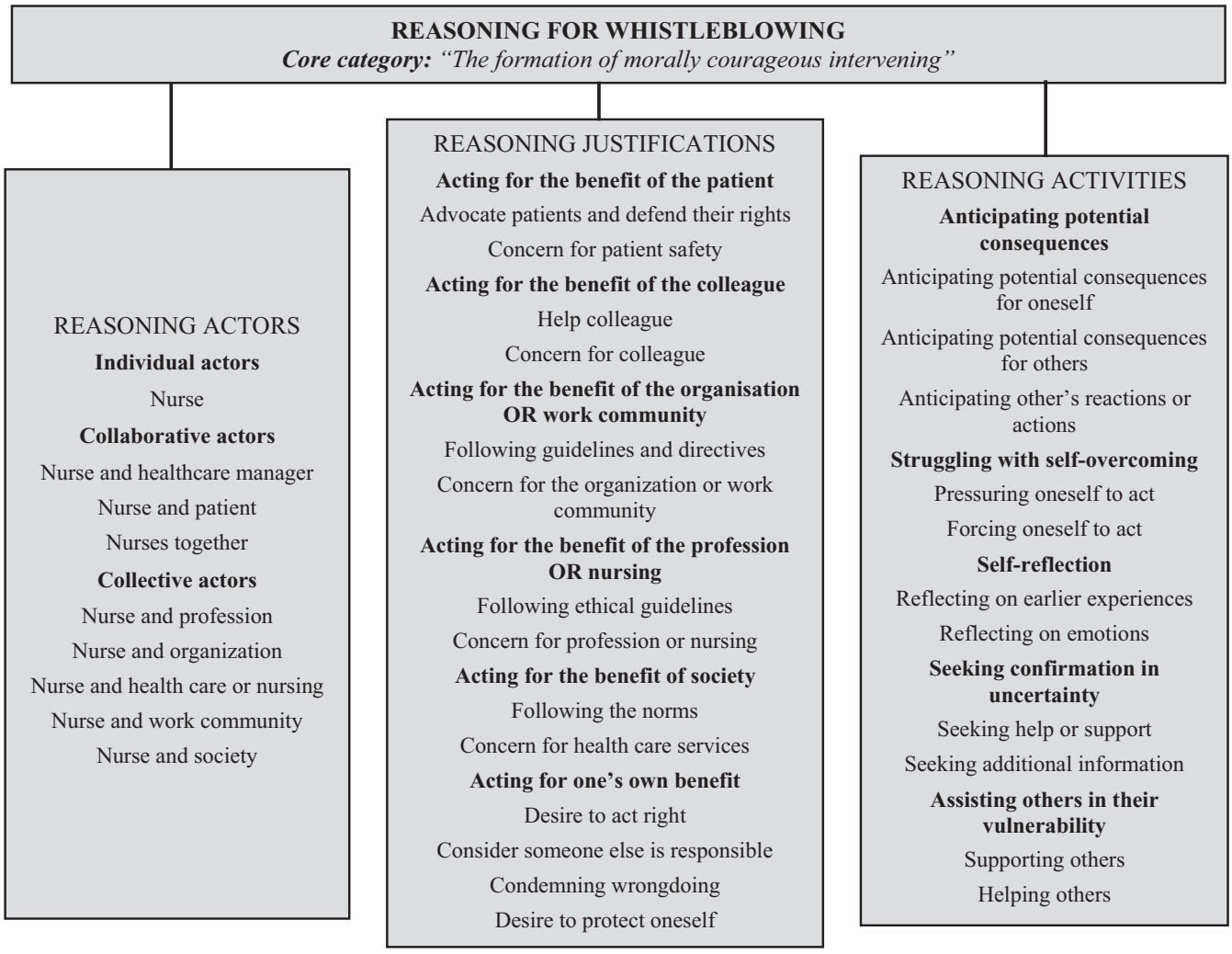

FIGURE 3 Summary of the results, the core category, dimensions of reasoning (written with CAPITAL LETTERS) and their categories (written with bolded letters) and sub-categories (written with normal letters).

patients involved in the wrongdoing situation and wish to defend patients and their right to safe and accurate care.

> Patient's right to receive their own medicine and good care is the reason.
>
> (38).

Nurses *act for the benefit of the colleague* when they help, support or are concerned for the colleague and their possible problems relating to the wrongdoing they committed.

> I'm also concerned about my colleague - what are they using the medicine for – for themselves?...
>
> (14).

Nurses *act for the benefit of the organisation or work community* when they follow the guidelines and directives established in the organisation or are concerned for the reputation of the organisation or work community.

> The whole work community may come into a bad light; in addition, all who have visited the apartment are under suspicion.
>
> (30).

Nurses *act for the benefit of the profession or nursing* as they act according to ethical guidelines or are concerned for the reputation of the profession or nursing as a reliable and trustworthy profession.

> I would not want to keep the matter a secret, because in the end, it is not to anybody's benefit and this kind of an activity (stealing) chips away at trust. You must be able to trust

> a nurse, especially one who comes to your home. Trust is the basis of all nursing. (151).

Nurses *act for the benefit of society* when acting according to norms and being concerned for the violations to the reliability and credibility of the healthcare services. They comply with legislation enacted by society as wrongdoing is illegal, and nurses are obliged to interfere.

> The situation requires intervening for the sake of customer safety, reliability and credibility of services, and the well-being of the employee and the work community. (73).

Nurses *act for their own benefit* when they desire to do the right thing, consider someone else to be responsible, consider the act of wrongdoing to be unacceptable or wish to protect themselves. Nurses describe whistleblowing as self-evident and their responsibility or duty. Some nurses consider themselves as responsible up to a certain point, shifting the responsibility to someone else as soon as possible. In addition, nurses consider wrongdoing to be ethically and morally wrong and unacceptable. Nurses also protect themselves from a guilty conscience or from potentially aggressive and hostile reactions of their colleague.

> At first, I would probably just worry and turn the matter over in my mind, but I would have to bring it up in discussion with them, otherwise my conscience would be knocking all the time if I remained silent. I would feel like I'm complicit. (138).

Dimension of reasoning activities

The dimension of Reasoning Activities including five categories were identified: (A) anticipating potential consequences, (B) struggling with self-overcoming, (C) self-reflection, (D) seeking confirmation in uncertainty and (E) assisting others in their vulnerability.

Nurses *Anticipate potential consequences* for themselves or others or how others would react or act in the situation. Nurses anticipate potential negative consequences for themselves, such as the possibility of being falsely accused of the wrongdoing. In addition, nurses anticipate negative consequences for the patient, work community or nursing due to wrongdoing or whistleblowing. Nurses describe anticipating positive consequences of the whistleblowing, such as a colleague receiving help for their potential problem. Moreover, nurses anticipate potentially aggressive and hostile reactions from their colleague.

> If I felt that my job was not in danger, I would gently inform the manager about the matter. (28).

Nurses *struggle with self-overcoming* as they need to pressure, force or encourage themselves to act even though whistleblowing seems frightening or difficult with potential negative consequences.

> I would force myself to act, even though the situation would be really oppressive and frightening. I perceive the situation as an extreme discomfort zone; however, I get courage from trying to be aware that the colleague needs help. (1).

Nurses rely on *Self-reflection* on their earlier experiences of whistleblowing and the emotions such as fear or courage involved. They describe their earlier experiences making it easier to blow the whistle and face the potential negative consequences.

> I would ask what it was that went into your pocket. This is easy as I have once before had to intervene as a colleague... If I would feel slightly worried of being potentially framed as guilty, but I would take the risk on the basis of my earlier experience. (207).

Nurses *Seek confirmation in uncertainty* by seeking for help or support about whistleblowing or resolving the wrongdoing. Moreover, nurses seek additional information or confirmation of the wrongdoing if they are uncertain of their observations.

> Before leaving, I would check that the customer has enough medicine left; this way, I could get confirmation of the wrongdoing. (2).

Nurses also *Support others in their vulnerability* by supporting the patient or their colleague when they are reasoning together.

> I would also offer psychological support to my colleague if they wanted it. (1).

Patterns of reasoning for whistleblowing

Three patterns of reasoning for whistleblowing were identified connecting the dimensions and their categories to each other (I) *Individual reasoning*, (II) *Collaborative reasoning and* (III) *Collective reasoning*. Each pattern comprises three sub-patterns and consists of the three dimensions of reasoning actors, justifications and activities. (Figure 2)

In the pattern of *Individual reasoning* the individual reasons for whistleblowing alone, relying on their own judgement and does not require the presence of others. Their moral courage forms through their own inner voices, and they take personal responsibility to act for the good of another individual or themselves in the situation where the wrongdoing occurs.

> If someone steals medicine you absolutely have to intervene. Certainly, by telling your colleague directly that what they are doing is wrong. In this case I would probably also report the matter to the manager, because if the matter was merely brought up in discussion (with the colleague) it would only remain known to us and there would be no way to check that the activity has stopped. On the other hand, if the misuse of medicine has escalated into a situation where someone steals medicine from a patient – the colleague definitely needs help as well.
>
> (134).

In the pattern of *Collaborative reasoning*, the individual reasons for whistleblowing in collaboration with others. The collaborative actor relies on and seeks guidance from others for their reasoning, but also supports and helps others. Their moral courage forms through their own inner and outer voices. They aim at morally courageous collective action with shared responsibility for the good of other individuals or themselves in the situation where the wrongdoing occurs.

> If I saw a colleague performing such a huge or disquieting error, I would ask about it immediately after the patient contact. I would say that I saw what happened and I would also ask why they did it. I would suggest that they should bring up the matter with the manager, and if they wanted me to come along as support or as witness, I would offer to help.
>
> (224).

In the pattern of *Collective reasoning* the individual reasons for whistleblowing as a collective actor belonging to a particular group, relying on the cohesiveness of the group or the rules, norms or guidelines established by the group. Their moral courage forms through their own inner and collective voices. They rely on collective responsibility and act for the collective good in the situation where the wrongdoing occurs.

> I would bring up what happened with my colleague and urge them to tell the manager/person in charge. If they do not tell it is my responsibility toward them and the whole work community to report the matter to higher management.
>
> (126).

DISCUSSION AND IMPLICATIONS

The findings of this study provide novel evidence by creating a theoretical construct that unveils the multidimensionality of the individual reasoning for whistleblowing. The core category of the theoretical construct was discovered, consisting of three dimensions, their categories (Figure 3) and three patterns connecting the dimensions and their categories with each other. An understanding of the reasoning for whistleblowing is needed for managers to support employees in their whistleblowing when they observe wrongdoing in health care. The findings indicate that the decision about whistleblowing is not simple to make, which is supported by the literature that suggests whistleblowing as a complex individual process.[4, 36]

The theoretical construct of reasoning for whistleblowing was not recognised as such from previous literature. However, the content of the core category 'The formation of morally courageous intervening' and the patterns of reasoning are supported by the literature. The findings indicate reasoning as a mental integration of cognition and emotion, which is supported by the existing literature.[37] Moral courage is needed to recognise whether or not the observed wrongdoing is in conflict with the individual's personal or professional values. It is needed for taking responsibility to do the right thing for the good of others even when there is a risk of potential negative consequences for one-self.[16, 38, 39]

The dimension of reasoning actors describes the different actors who reason for whistleblowing. The findings indicate that individual nurse is the active and initiative actor who reason either alone as individual

or engage others to collaborative reasoning. Moreover, individual has an active role in collective reasoning, where the collectivity lies on the values and norms of the group, society or the profession. Somewhat parallel considerations about the actors are presented in the previous literature.[40–42]

The dimension of reasoning justifications seems to be the most central dimension through which the reasoning proceeds. The findings indicate individuals justifying why they would blow the whistle and what they consider is good and desirable. The findings present individuals as acting to benefit others. Consistent results describe altruistic reasons for whistleblowing as benefiting the organisation, the public or the well-being of others.[43, 44] Moreover, the findings indicate that acting for the benefit of the patient by being the patient's advocate is consistent with previous studies. These results are supported by the ideology and values of nursing profession for doing good to others and advocating the patient.[5] However, individuals may act for their own benefit to protect their own well-being and safety. Contrast to findings of this study, literature describe financial or reputational pressures and revenge as the reasons for whistleblowing.[43]

The dimension of reasoning activities describes those activities that individual considers potentially enabling their whistleblowing. These activities are done individually, or they engage others to collaboration. Previous literature discusses about the importance of collaboration for successful whistleblowing.[40, 45] Reasoning activities of seeking help from others, reflecting emotions and anticipating consequences are supported by the previous research.[46]

The identified patterns of individual, collaborative and collective reasoning connect the dimensions and their categories with each other. The results describe different patterns individuals use when they reason for whistleblowing. The findings do not reveal whether the individual is using one pattern or combinations of these patterns. Nor does this study reveal whether these patterns would lead to actual whistleblowing in a real life. However, previous literature suggests patterns are strategies to which an individual engages in, and they can use more than one pattern.[47]

Implications

This study has implications for healthcare practice, education, policy-making and further research. The findings increase healthcare managers' understanding of the complexity and multidimensionality of reasoning for whistleblowing to support employees in their whistleblowing. The video vignette filmed for data collection could be used in ethics education or in practice to foster ethical discussion. Ethical interventions such as simulations or web courses for basic or continuing education, and ethics training could be developed to prepare individuals for facing and responding to potential wrongdoings in health care.

Policy makers can use the findings to enhance ethically based planning of high-quality health care services and to develop health care legislation. The theoretical construct could be further developed by exploring the process of real individual whistleblowing and their reasoning after experiencing whistleblowing in various context involving different types of wrongdoings. Research is required to test and verify the theoretical construct. The dimension of reasoning justifications appeared to be the central, connecting all the dimensions together, and this requires further exploration.

Limitations and methodological considerations

There are some limitations and methodological considerations in this study. The reasoning of a human being is difficult to study. Usually, observation is seen as a suitable research method for this purpose.[37] However, in this study, the video vignette method was used since it is challenging to observe and capture the whistleblowing phenomenon in real life. In addition, the responsibility of the observer to intervene if observing wrongdoing raises an ethical dilemma.

The video vignette method enabled participants to respond to the same wrongdoing under the same conditions, to decrease the situational factors in order to identify the most typical patterns of reasoning for whistleblowing.[27] As a bias, vignettes may provide[30] or reduce socially desirable responses.[27] However, the interest of this study was not on whether individuals would actually perform the whistleblowing act in real life, but how they are reasoning for whistleblowing. In this study, both the script and the video vignette were pre-tested with healthcare professionals, which enhances internal and external validity.[28]

Theoretical saturation was ensured by collecting enough rich and diverse data. The transferability of the created theoretical construct is supported with a sample consisting of nurses, as they represent the largest group of healthcare professionals,[22] and globally sharing universal values and similar ideology in health care with other healthcare professionals.

CONCLUSION

A theoretical construct was created to increase an understanding by describing individual reasoning for whistleblowing. The core category of the theoretical construct was discovered, consisting of three dimensions of reasoning their categories and three patterns of reasoning. Based on the findings, reasoning for whistleblowing is a multidimensional phenomenon. In the future, the theoretical construct needs further testing and development. In health care, managers could use the theoretical construct to support employees in their whistleblowing.

AUTHOR CONTRIBUTIONS

First author JW planned the script of the video vignette in collaboration with other authors RS and HL-K. First author JW collected and handled the data. All the authors JW, RS and HL-K participated in the data analysis, interpretation of data and writing the manuscript.

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CONFLICT OF INTEREST

None declared.

ETHICAL APPROVAL

The study was approved by the Ethics Committee of the University of Turku, Finland in 2019, Statement (10/2019).

DATA AVAILABILITY STATEMENT

Data is not available as it is a part of a PhD research and will be used for the dissertation summary.

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