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Scientific Contribution

Does fear of retaliation deter requests for ethics consultation?

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Abstract

Background Reports suggest that some health care personnel fear retaliation from seeking ethics consultation. We therefore examined the prevalence and determinants of fear of retaliation and determined whether this fear is associated with diminished likelihood of consulting an ethics committee.
Methods We surveyed registered nurses (RNs) and social workers (SWs) in four US states to identify ethical problems they encounter. We developed a retaliation index (1–7 point range) with higher scores indicating a higher perceived likelihood of retaliation. Linear regression analysis was performed to identify socio-demographic and job characteristics associated with fear of retaliation. Logistic regression analysis was performed to determine whether fear of retaliation was associated with less likelihood of seeking consultation. *Results* Our sample (N = 1215) was primarily female (85%) and Caucasian (83%) with a mean age of 46 years and 17 years of practice. Among the sample, 293 (48.7%) RNs and 309 (51.3%) SWs reported access to an ethics consultation service. Amongst those with access, 2.8% (n = 17) personally experienced retaliation, 9.1% (n = 55) observed colleagues experience retaliation, 30.2% (n = 182) reported no experience with retaliation but considered it a realistic fear, and 50.8% (n = 305) did not perceive retaliation to be a problem. In logistic regression modeling, fear of retaliation was not associated with the likelihood (OR = 0.64; 95% CI = 0.22–1.89) or frequency of requesting ethics consultation (OR = 0.81; 95% CI = 0.27–2.38). *Conclusion* Fear of retaliation from seeking ethics consultation is common among nurses and social workers, nonetheless this fear is not associated with reduced requests for ethics consultation.

Key words: clinical ethics, ethics consultation, nurses, organizational ethics, retaliation, social workers

Introduction

When individuals speak up about ethically troubling issues in the workplace they occasionally face retaliation. Individuals speaking out about organizational issues such as understaffing and its adverse consequences have been reported to encounter retaliation (Fouts, 2000). Patient advocates have been reported to face retaliation from other mental health staff (Fontaine, 1997). Whistle blowers and those reporting misconduct have also been reported to experience retaliation (McDonald and Ahern, 2000).

The retaliatory consequences for speaking up about ethically troubling issues in the workplace are not well studied although retaliation for whistle blowing has been reported to include demotion, reprimand, threats, rejection by peers, pressure to resign, and being treated like a traitor (McDonald and Ahern, 2000). There are significant organizational costs to whistle blowing as well (Silva, 1999).

Fear of retaliation may inhibit health care personnel from speaking out when they perceive ethically troubling problems or controversies in their midst. When the threat of retaliation is low the likelihood of whistle blowing is greater (Masser

and Brown, 1996). While fear of reprisal is infrequent, physicians do report that it was a deterrent to requesting ethics consultation. In a national survey of US internists, when asked whether anything made them hesitant to use an ethics consultation service, 2% (14/674) of respondents stated that fear of reprisal made them hesitant in this regard (Duval et al., 2001). It would be unfortunate if fear of retaliation restrained healthcare workers from expressing ethical concerns since such expression can be one important way to promote ethical behavior in an organization and assure the delivery of ethically sound patient care.

In light of the fear of retaliation from reporting about ethically charged issues and seeking ethics consultation among physicians, one might ask whether other healthcare personnel have similar fears about seeking ethics consultation. We anticipated that members of the healthcare team might be as or more concerned about retaliation than physicians since they are likely to encounter ethically contentious situations. Many professionals such as nurses and social workers are highly trained experts who have variable degrees of input into decision making but are rarely the ultimate decision makers in many cases, especially in the acute care setting. They are thus occasionally likely to have ethical concerns about the plan of care. Or they may worry that patient care is not consistent with patient wishes. In health care settings where physicians are often in leadership positions and organizational structures are commonly hierarchical, members of the healthcare team other than physicians thus might be even more reticent to seek ethics consultation.

We therefore designed an analysis that explores the prevalence and determinants of fear of retaliation regarding ethics consultation among nurses and social workers. We examine whether this fear is associated with a diminished likelihood of calling an ethics committee meeting and seeking ethics consultation.

Methods

Study population

Nurses ($N = 1000$) and social workers ($N = 2000$) were randomly sampled from four states in four census regions of the United States: Massachusetts, Maryland, Ohio, and California. Social workers were over sampled since it was expected that fewer of them would be involved in healthcare. Participants were identified through the state licensing boards for each state. Criteria for participation included active patient care for at least 10 hours a week, as well as current certification and licensure to practice as a registered nurse or social worker.

Survey instrument

A mailed self-administered questionnaire entitled, 'Nursing and Social Work Perceptions of Ethical Problems and Resources' was developed (available on request). The questionnaire contained the following items utilized in this analysis: Demographic and practice characteristics; an adaptation of the Hospital Ethical Climate scale which measures the influence of the workplace and organizational practices on ability to engage in ethical reflection, practice and resolution of ethical issues (Olsen, 1998); the Ethics Stress Questionnaire which measures the stress experienced by respondents regarding the ethical problems they encounter (Raines, 2000); and a modified version of the Job Satisfaction Scale, an instrument developed to measure the professional/occupational job satisfaction among physicians (Williams et al., 1999).

We also developed a retaliation index that ranged from 1 to 7 with higher scores indicating a higher perceived likelihood of retaliation following ethics consultation. These items included: I have personally experienced retaliation as a result of using ethics consultation services (yes = 4 points), I have observed colleagues experiencing retaliation as a result of using ethics consultation services (yes = 3 points); I have no direct experience of retaliation, but believe it is a realistic fear (yes = 2 points) and I do not believe retaliation is a problem (yes = 1 point).

The likelihood of asking for an ethics committee meeting was measured using the following item: "If you faced an ethical dilemma, how likely are you to request an ethics committee meeting?" with response options ranging from 1 (Not likely at all) to 5 (Extremely likely); The frequency with which ethics consultation was sought was measured as follows "How often do you seek guidance from your Ethics Consultation Service or institutional ethics committee?" with response options being: Never, Rarely, Sometimes, Often, and Routinely.

Human subjects protection

The Office of Human Subjects Research at the National Institutes of Health and the IRBs of the University of Virginia and Inova Health Systems approved the study. A cover letter informed

participants of the purpose of the study and that responses would be confidential.

Analysis

The analysis was designed to assess the prevalence and determinants of fear of retaliation regarding ethics consultation among nurses and social workers and to determine whether there is an association between fear of retaliation and the likelihood of asking for an ethics committee meeting or consultation. We hypothesized that respondents working in health care organizations where the ethical climate is more favorable are less likely to fear retaliation and that respondents who have a greater fear of retaliation are less likely to ask for ethics consultation.

Descriptive statistics were used to portray individual and job characteristics of study participants including: gender, age, ethnicity, educational degree, discipline (RN/MSW), income, work setting, profit status of their institution, and years in their current position.

Scale scores were computed for Ethics Climate (Cronbach's $\alpha = 0.91$), Ethics Stress (Cronbach's $\alpha = 0.84$), and Job Satisfaction (Cronbach's $\alpha = 0.87$) after imputing missing values. Because most variables were missing $< 5\%$ of the data, we used Expectation Maximization (EM) for imputation. Imputation for items on the ethics climate scale was done within the RN or SW group; other imputations were based on the full sample. Most respondents with missing data were missing only one or two items on a scale.

We tested the hypothesis that respondents working in health care organizations where the ethical climate is more favorable are less likely to fear retaliation when seeking ethics consultation by using linear regression with the fear of retaliation index as the dependent variable. Only respondents who indicated their institution had an ethics consultation service or committee were included in this model. Potential predictor variables included socio-demographic characteristics, job characteristics, and scale scores. Socio-demographic variables included professional status (RN/SW), gender, age, ethnicity (White/Non-white), degree (Master's degree), and income while job characteristics included work setting (acute care hospital), profit status and years in current position. To meet distributional assumptions for linear regression, years in current position, job satisfaction, and retaliation score were log transformed. Other variables were normally distributed and were not transformed.

The hypotheses that respondents who have less fear of retaliation are more likely to request an ethics committee meeting or inclined to more frequently seek ethics consultation were analyzed in two logistic regression models. Again, only those respondents who indicated their institution had such a service or committee were included in the models. In the first model, responses to the item "If faced with an ethical dilemma, how likely are you to seek an ethics consultation?" were dichotomized with 1–3 = 0 indicating 'not likely' and 4–5 = 1 indicating 'likely'; 66.4 and 24.6%, of those with an ethics service or committee were 'not likely' and 'likely' respectively.

The second logistic model used responses to the question "How often do you seek guidance from your Ethics Consultation Service or institutional ethics committee?" For this model, we dichotomized the frequency responses to the item by combining never and rarely (scored as 0) and combining sometimes, often and routinely (scored as 1). Of those with a service or committee, there were 71.7 and 28.3%, respectively, in the two categories.

Results

Respondent characteristics

The sample consisted of 1215 respondents (adjusted response rate = 52%): 422 Nurses and 793 Social Workers. Overall the sample was 85% female and 83% White with a mean age of 46 years (Table 1). Respondents had been in practice, on average, for 17.1 years. Most (71.7%) were employed full-time. The majority worked in in-patient care or casework in not-for-profit settings (Table 2).

Ethics climate, ethics stress and job satisfaction

Scale scores for Ethics Climate showed a wide range of responses (37–135) with a moderately high mean (99.5 +/− 14.27 SD). The Ethics Stress scales showed a moderate amount of stress with a range of 33–130 and average score of 75.2 +/− 14.29. Job Satisfaction scale showed scores ranging from 12 to 60 with mean of 45.3 +/− 9.02 SD.

Availability of ethics consultation

Those indicating their institution did have an Ethics Consultation Service or institutional ethics committee consisted of 293 (48.7%) RNs and 309 (51.3%) SWs. As compared to those indicating 'no' or 'do not know' regarding the availability of ethics

Table 1. Demographic characteristics of respondents

	Registered nurses (n = 422)	Social workers (n = 793)	Total sample (n = 1215)
Gender[a]			
Female (%)	95.1	80.2	85.3
Male (%)	4.9	19.8	14.7
Age			
Mean (SD)	45.9 (10.87)	45.9 (11.02)	45.9 (10.96)
Ethnic background			
White (%)	84.1	82.9	83.3
Black/African American (%)	6.9	9.1	8.3
Other (%)	9.0	8.0	8.4
Education[a]			
Diploma (%)	29.5	0.6	10.7
Associate degree (%)	41.4	11.5	21.9
Bachelor's degree (%)	52.1	66.8	61.7
Master's degree (%)	17.9	81.4	59.4
Income[a]			
< $35,000 (%)	11.7	21.8	18.3
$35,001–$45,000 (%)	19.4	25.6	23.5
$45,001–$55,000 (%)	20.1	20.0	20.0
$55,001–$65,000 (%)	19.7	14.6	16.4
$65,001–$75,000 (%)	14.2	9.8	11.3
> $75,000 (%)	14.9	8.2	10.5

[a]Significant difference between RN and SW

consultation, they were less likely to have a master's degree (52.6 vs. 68.6%, $p < 0.001$), had been in their current position longer (7.8 vs. 6.8 years, $p = 0.026$), were more likely to work in an acute care setting (39.1% vs. 7.0%, $p < 0.001$), and scored higher on Ethical Climate (100.8 vs. 98.0, $p = 0.001$).

Fear of retaliation

The mean score on the Retaliation index for those with access to consultation was 1.8 (+/− 1.19 SD) with a range of 1–7. Of this group, 2.8% (n = 17) personally experienced retaliation, 9.1% (n = 55) observed colleagues experience retaliation, 30.2% (n = 182) reported no experience with retaliation but considered it a realistic fear, and 50.8 % (n = 305) did not perceive retaliation to be a problem. Those who personally experienced retaliation reported higher ethical stress ($r = 0.114$, $p < 0.001$), less favorable ethical climate ($r = -0.190$, $p < 0.001$), and fewer institutional resources to help with ethical issues ($r = -0.137$, $p < 0.001$).

Ethical climate and fear of retaliation

In linear regression with the retaliation score as the dependent variable and based on those who indicated their organization/hospital had an Ethics Consultation Service or an ethics committee to address ethical issues and who had complete data (n = 482), variables were entered in blocks consisting of socio-demographic characteristics, job characteristics, and scale scores (Table 3). Model 1 including only socio-demographic characteristics explained 3.1% of the variability in fear of retaliation ($p = 0.020$). Job characteristics in Model 2 explained an additional 1.8% of the variability ($p = 0.033$), and the scale scores in Model 3 added 13.2% explained variance ($p < 0.001$). Together the variables explained 18.1% of the variability in fear of retaliation ($F = 8.64$, $p < 0.001$). Controlling for socio-demographic and job characteristics, those reporting increased ethical climate ($\beta = -0.20$) and decreased ethical stress ($\beta = 0.21$) report less fear of retaliation. Regression diagnostics indicate no evidence of multicollinearity or influential cases.

Fear of retaliation and the likelihood and frequency of seeking ethics consultation

Separate analyses were performed to examine the likelihood of requesting an ethics committee meeting and the frequency of seeking ethics consultation. In modeling the likelihood of requesting an ethics committee meeting, only those respondents indicating that ethics consultation was available and had

Table 2. Work characteristics of respondents

	Registered nurses (n = 422)	Social workers (n = 793)	Total sample (n = 1,215)
Current work setting[a]			
Acute care hospital (%)	48.6	9.5	23.0
Specialty hospital (%)	5.8	7.2	6.7
Subacute/Long-term care (%)	6.8	6.6	6.7
Home/Community care (%)	8.2	15.7	13.1
Ambulatory (%)	11.8	1.9	5.4
Other (%)	18.8	59.1	45.1
Profit status[a]			
For-profit (%)	37.3	27.7	30.9
Not-for-profit (%)	62.7	72.3	69.1
Current position			
Patient care/casework (%)	70.7	64.5	66.7
Administration (%)	11.6	17.0	15.1
Teaching (%)	5.3	1.9	3.1
Research (%)	1.7	0.3	0.8
Other (%)	10.7	16.3	14.4
Area of clinical practice[a]			
Maternal/Child (%)	9.8	6.0	7.3
Medical/Surgical (%)	16.3	4.3	8.5
Pediatrics (%)	4.6	4.2	4.3
Critical care (%)	16.1	2.2	7.1
Operating room	4.4		1.5
Ambulatory (%)	5.4	1.8	3.1
Oncology (%)	2.2	1.4	1.7
Administration (%)	4.6	7.2	6.3
Education (%)	2.4	4.3	3.7
Other (%)	34.1	68.5	56.5

[a]Significant difference between RN and SW.

complete data were included (Table 4). Model 1 with only socio-demographic characteristics was significant ($p < 0.001$) and adding the group of job characteristics in Model 2 did not add significantly to the model ($p = 0.055$). The final model consisting of all predictors was significant ($p < 0.001$) with Hosmer and Lemeshow $\chi^2 = 6.93$, $p = 0.544$. Registered nurses were less likely than Social Workers to often or routinely seek guidance from an ethics consultation service or ethics committee (OR = 0.33). Participants with higher income (OR = 1.30), working in an acute care setting (OR = 1.94) and working in an institution with a more favorable ethical climate (OR = 1.02) were more likely to seek ethics consultation. While these four variables were significant in predicting how likely an individual was to seek ethical consultation, fear of retaliation was not related to the likelihood of seeking ethical guidance.

In modeling frequency of seeking ethics consultation, again only those respondents indicating that ethics consultation was available and who had complete data were included (Table 5). The model with only socio-demographic characteristics was significant ($p = 0.002$) although the group of job characteristics did not add significantly to Model 2 ($p = 0.083$). Model 3 consisting of all predictors was significant ($p = 0.001$) with Hosmer and Lemeshow $\chi^2 = 9.31$, $p = 0.317$. Registered nurses were less likely than Social Workers to often or routinely seek guidance from an Ethics Consultation Service or ethics committee (OR = 0.36). Those who sought guidance more frequently were respondents with higher income (OR = 1.21), working in an acute care setting (OR = 1.83) and working in an institution with a more favorable ethical climate (OR = 1.03). While these four predictors were significant in predicting how likely an individual was to seek ethical consultation, fear of retaliation was not related to frequency of seeking ethical guidance.

Conclusion

Over 40% of nurses and social workers in this study, who have access to ethics consultation,

Table 3. Regression of fear of retaliation[a] on socio-demographic characteristics, job characteristics, and scale scores ($n = 482$)

Variable	Model 1		Model 2		Model 3	
	B (SE B)	β	B (SE B)	β	B (SE B)	β
Registered nurse	0.02 (0.03)	0.05	0.03 (0.03)	0.06	0.00 (0.03)	0.01
Gender (Female)	−0.02 (0.03)	−0.03	−0.02 (0.03)	−0.03	−0.01 (0.03)	−0.02
Age	−0.00 (0.00)	−0.08	−0.00 (0.00)	−0.04	0.00 (0.00)	−0.01
Ethnicity (White)	−0.05 (0.03)	−0.09	−0.05 (0.03)	−0.09	−0.05 (0.03)	−0.08
Master's degree	−0.03 (0.03)	−0.06	−0.03 (0.03)	−0.07	−0.020 (0.02)	−0.05
Income	−0.01 (0.01)	−0.08	−0.01 (0.01)	−0.06	−0.00 (0.01)	−0.01
Acute care setting			0.02 (0.02)	0.04	0.03 (0.02)	0.06
Profit status			0.00 (0.02)	0.07	0.03 (0.02)	0.06
Years in current position[a]			−0.06 (0.03)	−0.10*	−0.04 (0.03)	−0.07
Ethical Climate					−0.00 (0.00)	−0.20***
Ethical stress					0.00 (0.00)	0.21***
Job satisfaction[b]					0.05 (0.07)	0.04
Model fit	$R^2 = 0.03$, $p = 0.020$	$F = 2.53$,	$R^2 = 0.05$, $p = 0.005$	$F = 2.69$,	$R^2 = 0.18$, $p < 0.001$	$F = 8.64$,

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.
[a]Log transformed.
[b]Reversed and log transformed.

Table 4. Regression of likelihood of seeking ethics consultation on socio-demographic characteristics, job characteristics, scale scores and fear of retaliation ($n = 480$)

Variable	Model 1 Odds ratio (95% CI)	Model 2 Odds ratio (95% CI)	Model 3 Odds ratio (95% CI)
Registered nurse	0.42 (0.24–0.75)	0.33 (0.18–0.60)	0.33 (0.18–0.63)
Gender (Female)	2.11 (1.14–3.89)	2.01 (1.08–3.73)	1.89 (1.00–3.60)
Age	1.01 (0.99–1.03)	1.02 (1.00–1.05)	1.02 (1.00–1.04)
Ethnicity (White)	1.29 (0.74–2.27)	1.31 (0.74–2.31)	1.30 (0.71–2.37)
Master's degree	1.45 (0.86–2.46)	1.34 (0.78–2.29)	1.24 (0.71–2.19)
Income	1.34 (1.17–1.54)	1.34 (1.16–1.54)	1.30 (1.12–1.51)
Acute care setting		1.82(1.15–2.88)	1.94 (1.19–3.14)
Profit status		0.95 (0.61–1.48)	0.99 (0.62–1.58)
Years in current position[a]		0.65 (0.38–1.23)	0.52 (0.27–1.00)
Ethical climate			1.02 (1.01–1.05)
Ethical stress			1.00 (0.98–1.02)
Job satisfaction[b]			1.00 (0.94–1.00)
Fear of retaliation[a]			0.64 (0.22–1.89)
Block fit	χ^2 (6) = 46.98, $p < 0.001$	χ^2 (3) = 7.74, $p = 0.052$	χ^2 (4) = 35.37, $p < 0.001$
Model fit	χ^2 (6) = 46.98, $p < 0.001$	χ^2 (9) = 54.72, $p < 0.001$	χ^2 (13) = 90.09, $p < 0.001$

[a]Log transformed.
[b]Reversed and log transformed.

reported personally experiencing retaliation, observing colleagues who experienced retaliation, or believing retaliation to be a realistic fear when seeking ethics consultation. They reported a higher level of ethics stress, a lower perception of the ethical climate and satisfaction with their work environment, and fewer organizational resources. Yet these reported fears of retaliation were not associated with a reduced likelihood or frequency of engaging ethics support services.

Our study has several limitations. While we have created an index regarding retaliation, it may not fully capture the concerns that individuals have regarding retaliation. Further development of a sound psychometric instrument to measure this concept is warranted. The survey methodology

Table 5. Regression of frequency of ethics consultation on socio-demographic characteristics, job characteristics, scale scores and fear of retaliation ($n = 490$)

Variable	Model 1 Odds ratio (95% CI)	Model 2 Odds ratio (95% CI)	Model 3 Odds ratio (95% CI)
Registered nurse	0.41 (0.23–0.74)	0.32 (0.17–0.61)	0.36 (0.19–0.68)
Gender (Female)	0.86 (0.48–1.54)	0.78 (0.43–1.41)	1.26 (0.69–2.29)
Age	1.01 (0.99–1.03)	1.01 (0.99–1.04)	1.01 (0.99–1.03)
Ethnicity (White)	0.77 (0.44–1.33)	0.77 (0.44–1.35)	1.30 (0.74–2.27)
Master's degree	0.79 (0.45–1.39)	0.75 (0.43–1.33)	1.26 (0.71–2.24)
Income	1.21 (1.05–1.39)	1.19 (1.03–1.37)	1.21 (1.04–1.40)
Acute care setting		1.83 (1.14–2.94)	1.83 (1.14–2.93)
Profit status		1.13 (0.72–1.78)	1.20 (0.76–1.90)
Years in current position[a]		0.95 (0.50–1.81)	0.90 (0.47–1.72)
Ethical climate			1.03 (1.01–1.04)
Ethical stress			1.00 (0.98–1.02)
Job satisfaction[b]			2.69 (0.47–15.37)
Fear of retaliation[a]			0.81 (0.27–2.38)
Block fit	χ^2 (6) = 20.28, $p = 0.002$	χ^2 (3) = 6.68, $p = 0.083$	χ^2 (4) = 6.50, $p = 0.165$
Model fit	χ^2 (6) = 20.28, $p = 0.002$	χ^2 (9) = 26.96, $p = 0.001$	χ^2 (13) = 33.46, $p = 0.001$

[a]Log transformed.
[b]Reversed and log transformed.

limits results to self reported behavior so that it is not possible to know precisely how accurately responses reflect actual engagement in moral action and requests for ethics committee meetings. The response rate to survey was not as high as desired. We do believe however that the large sample across states in different regions in the US offers a unique opportunity to begin to explore the relationships between personal and institutional characteristics and the likelihood of seeking ethics consultation.

How do the findings reported here relate to the published literature? Our results indicate a concern with retaliation that is consonant with the literature. Yet our findings indicate that this fear is not associated with a reduction in seeking ethics support services. Other factors may have a more important influence on the inclination to seek advice. The literature on whistle blowing indicates that whether or not a person will be a whistleblower is a function of personal characteristics. One study suggests that whistle blowers are more inclined to believe in the importance of patient advocacy as part of their jobs, whereas nurses who are not whistleblowers believe in a more traditional role for nursing (Ahern and McDonald, 2002). Another study looking at perceptions and attitudes of first level managers found that knowledge of where to blow the whistle, fear of retaliation, gender, and moral perceptions about minor fraud and harm to others, are the factors that play a key role in feelings of obligation to blow the whistle (Keenan, 1995). These finding would suggest that personal beliefs play a significant role in the likelihood that personnel will speak up about wrongdoing or about patients, unaddressed needs. In mentioning the whistle blowing literature we should acknowledge that whistle blowing is certainly not entirely analogous to bringing ethical concerns to the fore through a consultation request.

One possible interpretation of the findings here is that ethics consultation offers a sanctioned and safe venue in the healthcare workplace for raising ethical questions. Perhaps ethics committees and consultants have succeeded in creating a forum for discussion of difficult ethical questions that levels the playing field and allows open discussion of moral issues. It is also possible that the kinds of issues that are brought to the attention of ethics committees and consultants do not always imply individual or institutional wrongdoing and blame and thus may be less likely to trigger retaliation. The value of ethics committees and consultants serving to level the playing field and provide a forum for discussion has certainly been endorsed (Urban, 1993). Our findings raise the possibility that members of the health care team do find this forum accessible and worthwhile despite fear of retaliation. While we surveyed nurses and social workers exclusively, we would expect that the findings would be similar for other members of the health care team such as allied health professionals, though this expectation remains to be tested. The findings here do suggest that as ethicists make their

consultative services available, they should pay particular attention to creating a supportive opportunity for discussing ethical dilemmas and recognize that fear of retaliation does exist among those who request their advice.

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