Ethical Issues

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Transparency in Nursing Leadership

A Chosen Ethic

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The concept of transparency has been viewed as an essential leadership attribute or element in healthcare organizational structures and processes. While viewed as something that is desired and valued, there is a lack of nursing disciplinary literature that defines the concept and its possible meanings. This column provides a beginning definition of transparency from the humanbecoming nursing theoretical perspective and launches a discussion with potential ethical implications for leadership in nursing practice and education.

Keywords: ethics; humanbecoming; leadership; nursing; transparency

Transparency is a concept of leadership that is frequently identified by many healthcare disciplines, including nursing. It is a valuable attribute or characteristic that is ascribed to individuals, groups, organizations, and communities. What does it mean to be transparent? What are some possible ethical implications if persons or organizations are not transparent? To be transparent is an intentional, ethical choice to be clear, plain, forthright, and above board. Is transparency visible and identifiable in its existence? This column is intended to begin an ethical discussion of straight thinking about possible definitions, possible meanings, and implications for the discipline of nursing from a nursing theoretical perspective of humanbecoming (Parse, 2007, 2008).

Definition of Transparency

From a humanbecoming nursing theoretical perspective (Parse, 2007), transparency is a chosen paradoxical pattern of preference or chosen way of being with others that is recognizable in individuals, groups, and communities. As a chosen way of being, it is a paradoxical rhythm found in the disclosing–not disclosing of revealing-concealing permeating situations of leading-following (Parse 2008). The paradox is not an opposite of opacity or ambiguity to be overcome or reconciled, but rather, a lived rhythm of structured meaning constructed with situation or context. From the author's perspective, transparency fosters and potentially enhances individual and organizational integrity, confidence, and trust in the discipline of nursing. It is recognizable in the lived rhythms of the pattern preference found in the disclosing-not disclosing of revealing-concealing and trusting-suspecting. Transparency has been closely aligned conceptually with honesty and truth-telling. Healthcare recipients are demanding to be recognized and respected for their views and expectations of those who provide healthcare services that they will be transparent in actions that are clear, plain, forthright, candid, direct, and undisguised.

From a humanbecoming perspective (Parse, 2007) the transparent-opaque rhythm is a pattern of relating that intentionally arises with the inherent freedom of contextually construed liberation that cannot be completely known or made clear in the unfathomable ever-changing humanuniverse (Parse, 2007). Transparency of the paradoxical rhythm surfaces in situation with the yet unclear, non-disclosed opacity of human choice that is also evident. Therefore, in some contextual circumstances, transparency and clarity is readily apparent and recognizable for all to see, while the unclear and disguised is also present all-at-once in the same context or situation. As some choices and valued priorities are disclosed and revealed, non-disclosure and concealing is also evident in the same rhythm or pattern preference. Within the discipline of nursing, paradigmatically different scholars

have named this phenomenon as disclosing half-truths or semi-truths of truth-telling (Tuckett, 2004).

Truth-Telling and Transparency

Stetler (2003) described a disciplinary scenario whereby nurse leaders must plan for and provide organizational structures that are *transparent* as part of daily business for those who provide professional nursing services. Kerfoot (2006) described organizational policies as variable with regard to information and policies that are disclosed or not-disclosed. Many authors' claims persist that persons can get more information about the performance of a car or appliance than an impending surgery, and many healthcare recipients describe healthcare institutions as lacking openness and trust.

Being honest and having truthful disclosure, particularly about medical diagnosis and prognosis, is an important global issue for hospitals and other healthcare institutions. These issues arise among administrators, nurses, doctors, and other healthcare professionals. Labeled as problems or ethical concerns, arguments for and against truth-telling exist in the disciplinary and other healthcare professional literature. A common assumption is that most healthcare recipients want truthfulness about their health. Ethical arguments both for and against truth-telling are established in light of normative bioethical principles of autonomy and physical or psychological harm (Tuckett, 2004). It has been reported that nurses often use deception by omission, vague or euphemistic responses, and concealment. Opaque designations such as *semi-truths* abound as many professional nurses believe that "it is not up to a nurse to tell the patient the diagnosis." Student nurses receive this argument, since they frequently disclose to instructors and others that they receive requests not to tell patients about their condition. They are kept uninformed by physicians and the assigned staff nurse, and struggle with the consequence that speaking the truth may be restricted or eliminated. It has been suggested that openness or transparency may be enhanced in situations where the professional nurse negotiates permission from a physician to discuss a patient's diagnosis and prognosis, if requested to do so by the patient. Nurses described a lessening of fear to disclose and speak truthfully (Tuckett, 2004). Given these remarks, it is not difficult to understand the lack of clarity and transparency for student accountability in nursing practice, and the ambiguous role expectations in the practice of nursing. Depending on the chosen disclosing–not disclosing of revealing-concealing in truth-telling, ethical accountability in professional nursing practice could potentially erode.

Transparency: Expectations for Promoting Integrity

Unethical practices among college students are a concern for any profession or discipline, but especially for the discipline of nursing since these students are becoming the healthcare providers for the next generation. Since 2003, it is well-published and known by the healthcare community that according to many Gallup polls, nursing is among the most honest of professions and great trust is offered to nurses by the public. Nurse educators accept enormous responsibility and accountability for the education, licensure, and credentialing of budding nurses. Since there is a societal need for a high level of trust, honesty, and ethical standards associated with the discipline, all nurses have a responsibility to conduct themselves in professional practice with a decorum and manner that is consistent with the public's trust. Unfortunately, it is well-known that cheating and plagiarism in a myriad of forms inevitably occurs on college campuses worldwide. New, advancing technologies are readily available, thus enabling students to increasingly risk and make the choice of cheating easier. The use of cell phone cameras, personal digital assistants, handheld scanners, and paper mills, where students may purchase written papers, increase the challenges to integrity and academic standards for faculty and administrators (Tanner, 2004). In a well-reported, classic older survey by Hilbert (1985), 101 senior baccalaureate nursing students were asked about personal habits of cheating and truth-telling. The results of the survey indicated that 27% of the students admitted to copying sentences from a source without referencing, and 19% worked with another student on an assignment that was supposed to be completed individually. In nursing practice situations, 19% reported falsely recording medication administrations, treatments, and observations. In the classroom setting, 10% admitted to submitting an assignment that someone else had completed. It is a concerning chosen pattern preference whereby significant disciplinary efforts are needed for the consistent handling and consequences for such actions. Confronting and struggling with decisions about what to do when these actions occur and instituting educational policies for the purpose of the prevention of cheating is critical for the integrity of the discipline and for the ongoing trust of those who receive nursing services. Honor codes have been viewed as one possible method that encompasses reporting mechanisms and policies for dealing with cheating and the disclosure of unacceptable educational decorum to increase

the transparency of such activities. The need for clarity and disclosure requires that students report suspicious and dishonest behavior. It has been emphasized that reporting another student's behavior is not about *whistle-blowing*, but rather, it is a transparent action to protect the integrity of the nursing discipline. Indeed, honor codes encourage open dialogue about integrity, increase awareness of faculty expectations, and increase the faculty members' transparency regarding expectations for student behavior.

It has been suggested that ethical behaviors demonstrated as a student correlate with later behaviors as a professional nurse (Nonis & Swift, 2001). Transparency and truth-telling are current issues encountered in professional nursing practice. Truth-telling and the choices to acknowledge or not acknowledge making mistakes are paramount issues of quality and integrity for nursing leadership and for those who are receiving professional nursing services.

Transparency: The Art of Disclosure and Apology

As human beings, we would like to believe that we do not make mistakes. It is human nature and impossible to not have an error in judgment that carries consequences, a label with the meaning of failure, restriction, or misunderstanding. At the same time, to fail may also include meaning that includes a fulfilling choice for transforming personal meaning and limitless opportunity for learning and nurturing growth. Often, persons may choose to cover up and disguise an error. A choice may also be made to disclose and admit to the error with apology. Transparency is a chosen way of being or pattern, whereby in the context of making a mistake there is self-acknowledgement of a lack of judgment, an error, an omission, or an admission of wrongdoing, while all-at-once being with the unknown circumstances of the situation. All persons are responsible for decisions and choices made for both the known and unknown consequences of errors. Acknowledgment and the handling of mistakes or errors in healthcare also include risking when making an apology.

Elton John reminded us in one of his song lyrics that the word *sorry* seems to be one of the hardest words for us to say. In healthcare and especially in the discipline of nursing, we are uncomfortable with disclosing–not disclosing when admitting shortcomings to those who receive our services and their families. Choosing to not apologize and admit to errors is amplified with healthcare institutional management and leadership decisions

with health maintenance organizations, for-profit, and not-for-profit healthcare agencies, where there is great hesitancy to disclose bad financial outcomes, failure of projects, and unfulfilling priorities of mission for fear of litigation. Risking with the art of choosing to make an apology may promote ongoing dialogue and a transforming, renewed cooperation among persons, groups, and communities. Novel avenues or paths of understanding may unfold as persons choose value priorities, and hold the importance of wrongs and wrongdoing seriously. In 2003, Blanchard told the story of a leader who chose a different path and believed he should apologize for the unanticipated poor financial performance of his company. He then taught and shared this process with a novice leader. Blanchard (2003) named the apology as the fourth essential secret of effective management. His thesis was that the action of apology enhances morale and the beliefs regarding the leader's integrity. Woods and Star (2004) agreed, and also promoted using apology to prevent lawsuits and promote communication with physicians, patients, and families.

The Humanbecoming Leading-Following Model and Transparency

From the author's nursing theoretical perspective (Parse, 2007), nurse leaders and educators have an ethical responsibility for engaging with novice and experienced nurse professionals in decision-making with transparency in disclosure of errors. As a discipline, we ought to hold ourselves accountable to the same rigorous standards of credibility that we expect from other healthcare professionals. Engaging with transparency is of great importance to pursuing excellence in the discipline of nursing. Choosing patterns of transparency, truth-telling and disclosure is willingly risking with clarity, while all-at-once living with ambiguity in venturing forth with the vague, unpredictable contexts of leading-following with uncertain consequences (Parse, 2008).

People want to be heard in healthcare settings. They desire to be active partners in the healthcare services that they receive. The discipline of nursing should *not* be engaged in implementing policies or processes designed to protect self-interests and display a lack of accountability for its practices. Instead, the author encourages leaders of the discipline of nursing to commit to a vision and willingly risk with ambiguity, while undertaking the arduous work of reviewing institutional, educational, and community policies that will promote transparency, truth-telling, and the enhancement of integrity in the discipline of nursing. Global society and humankind are

placing their trust in the discipline of nursing. It is time for the discipline to commit to the excellence that humankind deserves.

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