

Editorial

Giving and receiving feedback: The ethical issues

At the time of drafting this editorial, the UK media was reporting an unusual story. A young mother and her 3 years old son were on a busy train in the south of England. A note was given to her by a stranger leaving the train. He left £5 with the note that said: "Have a drink on me. You are a credit to your generation, polite and teaching the little boy good manners." The young mother was very surprised and said she "wanted to cry." She also said that the stranger "shows there are still good people out there and I want him to know I am truly grateful" (<http://www.bbc.co.uk/news/uk-england-devon-30980418>).

We are generally not shy to complain when the behavior and attitudes of others do not come up to our standards in everyday life. Too rarely, however, we praise and reward positive actions. In this case, the young woman receiving the feedback was grateful and was moved by the stranger's good deed. So, how good are we at giving feedback to those we work with? and how good are we at receiving feedback in professional life?

It does not seem so difficult to say to a colleague "I really like the way you responded to that person," for example, telling our colleague that we were impressed by the way she remained calm when she was dealing with a distressed patient or an anxious and angry relative. And yet, it seems we do not do this often enough.

In some countries, people may be reticent to disclose what they consider to be personal opinions. What is the worst thing that could happen? That your colleague may feel a little embarrassed at this positive feedback? That you are helping them to recognize the often unarticulated and invisible aspects of care practice? As we know, technical procedures can be carried out more or less well, and patients do need to be kept safe. However, what patients and families

will notice much more readily, and what will make the most significant difference to their sense of well-being and dignity, will be the relational aspects of care. This will include the way nurses and other caregivers demonstrate sensitivity in response to suffering and respect for a patient's individuality.

Readers may find it easier to understand why it might be difficult to give feedback to colleagues or hospital leaders when there are concerns about unethical and unsafe practice. A report published in February 2015 in the UK informs us that not all organizations welcome feedback from staff members who raise concerns. The report "Freedom to Speak Up – A review of whistleblowing in the NHS" described the negative experiences of staff who raised concerns. Some of these "whistleblowers" "provided convincing evidence that they raised serious concerns which were not only rejected but were met with a response which focused on disciplinary action against them rather than any effective attempt to address the issue they raised" (Francis 2015 p.8 – See https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_Executive-summary.pdf). The report identifies 20 principles and related actions that are likely to be helpful, to colleagues who are committed to developing ethical care practices. The principles focus on the kind of cultures necessary to enhance care: a culture of safety, a culture of raising concerns, a culture free from bullying, a culture of visible leadership, a culture of valuing staff, and a culture of reflective practice. The report also refers to the importance of structures to raise concerns, to the importance of training, support, transparency, and accountability. The role of external review, of "co-ordinated regulatory action" and of legal protection for those who raise concerns is also identified as necessary.

If we are to promote and sustain ethical practice, in our healthcare systems, it is essential that we both give and receive feedback about our actions and omissions. It is also important to give feedback about those actions and omissions that enable flourishing and those that thwart it. We all have blind spots and can continue to demonstrate behavior patterns that are detrimental to ourselves, to patients, families and those we work with. Similarly, we may not be fully aware of our strengths, the special talents we have to deliver care that is sensitive, dignifying, and comforting.

Giving feedback about care practices is not, however, always welcomed by individuals or organizations. As readers may have learnt, it is not just what you say and do but how and where you say and do it. Whereas positive feedback is generally thought to be acceptable in any forum and the more people who know about it the better, negative feedback – feedback suggesting deficits and the need for improvement - needs to be handled sensitively and generally in private in the first instance. We need also to distinguish between situations where feedback to individuals is required and likely to bring about positive change and those situations where more than feedback to the individual is required. That is, where concerns need to be raised with senior colleagues and, in some instances, with external bodies such as regulators or, as a last resort, with

the media. With the publication of the freedom to speak up report (Francis 2015), we now have a clearer way forward regarding raising concerns in the UK. I propose we develop processes within our organizations to make more regular feedback opportunities possible. Appraisal processes will generally engage with deficits in practice and the means to improve. We can all, and should all, be mindful of the many acts of kindness we witness everyday at all levels in our organizations. Let's learn from the man on the train and the gratitude of the young mother. Let's resolve to give at least one verbal note of positive feedback everyday to a student or colleague. This can only contribute to another kind of culture not mentioned in the Francis report, a culture of celebration, of generosity, and of gratitude. We are, too rarely, grateful enough for good deeds in care contexts.

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