Book Review

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Whistleblowing and Ethics in Health and Social Care was written by Angela Ash who has a doctorate in social science with expertise in health and social care policy in the United Kingdom. The author provides training and evaluation services and heads her own health and social care consulting firm (*http://ashassociates.co.uk/expertise.html*). Dr. Ash is the author of a book about preventing elder abuse as well as published papers on evaluating services for persons with disabilities. Although Ash's work is specific to the United Kingdom, *Whistleblowing and Ethics in Health and Social Care* also applies to the experience of social workers in the United States. This book is a culmination of studies that offer keen insight into the process and product of whistleblowing. More specifically, *Whistleblowing and Ethics in Health and Social Care* describes organizational climate and culture, ethical fading and distance, and devices of denial and scapegoating that are associated with whistleblowing. The result is a book that demonstrates how social workers are among those who are vulnerable to systemic conditions conducive to ethical violation.

The first six chapters concentrate on how unethical practices become institutionalized. Ash's book makes the point that whistleblowing is a double bind for employees. Employees are exposed to organizational practices they must employ or risk job loss by upholding one's professional obligation to ensure ethical practice. There are a range of significant consequences for whistleblowing in organizations that thwart exposure and normalize unethical practices. The consequences for exposure grow when the act of whistleblowing threatens top administrators and the operation of organizations as a whole. The process of normalizing can happen in small ways through procedural shortcuts that become institutionalized. Employees may not recognize adherence to unethical practices due to self-deception associated with ethical fading and organizational memory that sustains ethical blind spots; innate desire and social need for social community; and acculturation to group, organizational, and professional norms. Ethics trainings fail to be effective when the content is decontextualized or detached from larger systemic forces that deter whistleblowing if not ethical practice. Ethical distance occurs when top administrators are not unaware of the negative effect of organizational processes that are born out through service delivery.

The last three chapters are devoted to exploring how health and social care practitioners, health and social care organizations, and regulatory systems can improve protections by employing an ethic of care. The author contends that organizations at greatest risk for ethical violation are not likely to assume responsibility for creating a culture that is truly supportive of whistleblowing. However, there are steps organizations can take to ensure transparency and quality that protects employees and those the organization serves. This requires leadership and policies that communicate an ethic of care.

An ethic of care emphasizes individualized care in response to human need rather than focusing on aggregate outcomes associated with task completion. The author described how emotional intelligence coupled with leadership qualities such as attentiveness, responsibility, competence, and responsiveness can be used to manifest an ethic of care. When whistleblowing occurs in health and social care organizations that employ an ethic of care, leaders can gain the benefits of organizational reflection and deep learning to enhance functioning. Policy changes are likewise necessary to facilitate safe conditions for employees to express their concerns before they escalate rather than expect employees to expose ethical violations at their own peril.

Whistleblowing and Ethics in Health and Social Care illustrates the power of organizational culture and climate as well as the interface of organizational policies and governmental regulations. It is also addresses why it is in the best interests of employees and organizations to support whistleblowing but recognizes why many do not, as it exposes them to the potential for negative consequences for unethical practices. Although this book is short, the narrative can be somewhat difficult to read and slightly repetitious at times—perhaps due to the density of content about such an emotionally charged subject. The last three chapters are particularly small relative to the rest of the book. It would have been helpful to have had more discussion and examples in each chapter with special attention to how an ethic of care may be reflected by regulatory systems.

Overall, this book is a nice supplement to graduate education as well as professional development for macro practitioners. This book draws extensively from research conducted in the United States, starting with the term "whistleblowing." For educational purpose, the use of this book would need to be coupled with additional research to process application in the United States. The most important contribution of this book is that it reminds social workers about the importance of minority views in helping to preserve integrity as a buffer against systems that, in effect, emphasize efficiencies over compassionate care.