Original article

Integrity and the moral complexity of professional practice

Andrew Edgar*, MA, DPhil **and Stephen Pattison**† MA, MSocSc, PhD, DLitt, DPS

*Senior Lecture in Philosophy, Centre for Applied Ethics, Cardiff University, Cardiff, and †Head of Department of Theology and Religion, Department of Theology and Religion, University of Birmingham, Birmingham, UK

Abstract

The paper offers an account of integrity as the capacity to deliberate and reflect usefully in the light of context, knowledge, experience, and information (that of self and others) on complex and conflicting factors bearing on action or potential action. Such an account of integrity seeks to encompass the moral complexity and conflict of the professional environment, and the need for compromises in professional practice. In addition, it accepts that humans are social beings who must respect and engage with the moral position of others. This account is contrasted with a more traditional view of integrity as the rigid maintenance of consistency between professional practice and deeply held, but inflexible, moral principles. While this strong sense of moral conviction may be valuable as a source of moral motivation, e.g. in the case of whistle-blowers, it is equally likely to lead to dogmatism and hubris. Professionals and their organizations are encouraged to foster the more complex and reflective form of integrity.

Keywords: moral reflection, personal integrity, professional integrity, whistle-blowing.

Introduction

Integrity is much discussed and lauded in healthcare and professional practice. Professional codes of conduct and ethics frequently exhort the practitioner to work with integrity <see, e.g. the Nursing and Midwifery Council, *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives* (2008), General Medical Council, *Members' Code of Conduct*, principles 2b & 17a (n.d.), British Association of Social Workers, *Code of Ethics for Social Work*, section 3.4 (2002)>. Newspaper reports occasionally lament lapses in integrity,[1] albeit more frequently in the context of business or political ethics

Correspondence: Dr Andrew Edgar, Senior Lecture in Philosophy, Centre for Applied Ethics, Humanities Building, Colum Drive, Cardiff University, Cardiff CF10 3EU, UK. Tel.: +44 (0)29 20874935; fax: +44 (0)29 20874618; e-mail: edgar@cf.ac.uk

[1]See, e.g. *Daily Telegraph*, 30 May 2010, 'Profile: David Laws, "Mr Integrity" ' (http://www.telegraph.co.uk/news/newstopics/mps-expenses/7784421/Profile-David-Laws-Mr-Integrity.html (accessed 8 September 2010).

than professional or medical ethics. Professionals seem to feel that if they act with integrity that all will be well with their life and practice. Without it, they stand naked amidst a hostile and complex world. Professional integrity, personal integrity, and professional and personal integrity combined, seem to be regarded by many as indispensable in the workplace.

In this paper we explore aspects of the nature and some of the meanings of integrity with a view to understanding more clearly what integrity for professionals in health care might be, and why it is important. It will be seen that integrity is not as simple a concept as it first appears. Indeed, to treat it as a simple, unitary concept is misleading and may diminish its real value (Cox *et al*., 2008). We will argue that integrity, rather than being a simple, fixed, substance-like attribute of the person as a 'thing', or even as an identifying moral principle of the person, can most usefully be seen as a competence or capacity for reflection and discernment in the midst of the conflicting demands between professional and personal values, roles, and ethical systems. It is required because there are stresses and conflicts between these things in the context of actual or potential action, and therefore it is a situationally related competence. It is less concerned with purity and correctness of moral action, than coping with the complexity and compromises of real-life professional practice. Seeing integrity in this way may make it appear less incontrovertibly authoritative and solid, but it also makes it less mysterious, and perhaps more useful and attainable for any competent professional. Integrity then can be acquired and developed rather than simply being seen to be either innate or lacking.

We will begin our exploration of integrity by contrasting the whistle-blower and the patient. The former would seem to require integrity in order to act well; to the latter integrity is largely irrelevant. This begins to allow us to explore the nature and preconditions of integrity, firstly by reviewing some existing philosophical literature, and then by reflecting on the meaning of personal and professional integrity. We will make a distinction between two ideal types of integrity, labelled IA and IB. IA is characterized by a strong sense of moral conviction. It presupposes that certain moral values are foundational to the sort of person you are. It motivates the whistle-blower to protest, regardless of the personal consequences. However, we will argue that it is in danger of encouraging a hubristic arrogance. In contrast, IB is a more reflective competence that allows you to appreciate and engage with the complexity of personal and professional life, and thus to recognize the place of compromise and moral ambiguity, while retaining a self-critical conscience. Finally we will return to the case of the whistle-blower, now considered in the light of our IA/IB distinction.

Whistle-blowers and patients

At first glance, the whistle-blower might appear to typify professional integrity (Hunt, 1995). Whistle-blowers within health care can be seen as moral heroes, paragons of virtue, and admirable exemplars of integrity in its purest and most important form. The whistle-blower is a person who is prepared to sacrifice career, wealth, friends, family, collegial acceptance, and personal happiness for the sake of opposing and exposing an institutional wrong that has been ignored or suppressed. Whistle-blowing by healthcare workers is personally costly and often very much against their own best interests, so it appears to be inherently altruistic. Whistle-blowers may therefore appear as the necessary conscience of the professional institution, correcting for a corrosive moral complacency. Such is the potential effect that they may have on the institution, that to act like a whistle-blower, but without integrity, suggests only a self-serving moral culpability. A cynical or dogmatic malcontent, who disrupts institutional practices merely for the sake of disruption, or because of a moral short-sightedness and naivety, lacks integrity. Integrity therefore appears to entail a genuine depth of moral conviction and insight, and a self-less willingness to accept the consequences of your actions. It might then be suggested that, if professional institutions, such as hospitals or nursing homes, are not to succumb to moral complacency, then some, and perhaps most or all, of its professional staff must be capable of such insight and conviction and possess the courage to act.

Standing at an opposite pole are patients. Patients do not appear to need integrity, and nor indeed would it seem that patients could properly occupy the position of whistle-blower. Patients might protest at their treatment, and may risk sanction and mistreatment because of it. Yet such protests are not whistle-blowing. On the face of it, it seems strange that something that is seen as essential for one group is almost never referred to in common parlance as being a relevant virtue for the people whom they serve. Why, then, is integrity not as good and appropriate for patients as for healthcare professionals?

The brief outline of the whistle-blower above suggests that they need a certain strength of will in order to act with integrity. Whistle-blowers are autonomous agents. They step out of the routine or taken-for-granted forms of professional practice. More subtly and importantly, the whistle-blower's actions are shaped by certain moral values or principles. Integrity refers, in part, to the consistency with which the whistle-blower's actions are shaped rigorously by a set of values. It might further be that these values are drawn from their personal belief system. That personal value framework stands in conflict with the de facto values betrayed by the actions of others within the organization. The whistle-blower therefore stands in a peculiar relationship to the organization. On the one hand, they occupy the role of one who makes the organization work and fulfil its objectives. Their role is to serve the organization's clients. On the other hand, they have stepped outside this role. They have sought a moral high ground from which they can judge and condemn their fellow practitioners. It is only by occupying this double role, as member (or perhaps recently resigned member) of an organization and as an outsider, that the whistle-blower can be whistle-blower. The mere outsider critic is no more a whistle-blower than is a patient.

A patient or client has a role within the organization, but crucially as a recipient of the organization's services, not as a provider. A patient or client may be hurt by the organization. But again, the hurt takes a different form to that experienced by the whistle-blower. The client may be physically or emotionally bruised; they may suffer financial or other material loss. The whistle-blower in contrast need suffer no physical or psychological harm. Indeed, they may be doing well out of the current practices of the organization. The conflict for the whistle-blower is a conflict of values, paradoxically something at once intangible and yet capable of being felt viscerally. It may be suggested that the reason for this difference lies in the contrast between the agency of the professional and the relative passivity and vulnerability of the patient or client.

While patients may require and deserve respect (captured typically in the demand to be treated with dignity), it is not appropriate to require of them integrity. The patient, by their very nature, is vulnerable. Their autonomy and strength of will have typically been compromised. To treat a patient with dignity entails, in part, protecting and fostering what autonomy remains to them. Patients may therefore benefit from the integration afforded by therapeutic services. Patients are rarely entirely passive, and may indeed have to contribute to this integration in order to deliver themselves from the multiple fragmentations of ill health. But crucially, they are not required to take actions that may directly affect others as a result of professional commitments. Furthermore, it is difficult to imagine how the values or principles by which patients choose to live their lives as recovering sufferers could bring them into significant moral conflict with others. Their agency is essentially self-directed, focusing on their personal recovery.

Integrity, by contrast, would seem to be a quality that is associated with the actuality or possibility of action relating to the way in which others live their lives. The professional does not merely act on or with other professionals. The issue of integrity seems to arise over differences between the values of two or more professionals, or groups of professionals, when they are acting upon their clients. Questions of integrity arise, not simply when the professional's values are challenged, but rather when the professional's attempts to work on behalf of their client are frustrated. Issues of integrity arise in the context of conflict over morally informed practice.

In summary, individuals receiving treatment are in a position to act only in a highly restricted sense, and are certainly not required to act under the constraints of any professional ethos or values. While they may

have and need integrity in the narrow sense of having an integrated self, they are not required to act with integrity, although it is to be hoped that they will be treated with integrity by the professional healthcare staff who work with them. Integrity, then, would seem to be a concept that is strongly associated with interpersonal relations where the personal is also strongly overlain with professional and organizational expectations and values. It is within the strain and conflict between personal and professional values, including organizational values, that integrity becomes an important concept.

Understanding integrity

There has been a substantial philosophical debate over the meaning of integrity. The diverse approaches taken to integrity by different philosophers can be grouped and classified. Dare, for example, argues that integrity is a composite concept made up of elements of autonomy, identity, and integration (Dare, 2010, p. 101), and thereby notes three important groupings.

We have already indicated something of the importance of autonomy above. Harry Frankfurt's work is paradigmatic here (1971, 1987). Frankfurt distinguishes between first-order and second-order desires. First-order desires are immediately attractive, but potentially conflicting. Human beings can, however, reflect upon whether it is appropriate to pursue such desires. We form second-order desires (and indeed higher-level desires) that prioritize lower-order desires. Thus, someone might like the taste of bacon, and thus have a first-order desire for it, but as a principled vegetarian, they will suppress this desire as inappropriate to them. Integrity, on this account, rests in having the strength of will to formulate coherent second-order and higher-order desires, and to pursue them. You ultimately identify yourself with the highest-order desire (for an integrated self).

Bernard Williams's account of integrity is paradigmatic of the identity approach (Williams, 1973, 1981). For Williams, integrity focuses on the question of who I am as a moral agent. A moral person has 'identity-conferring commitments'. That is to say that, when in doubt as to how to go on, and thus what moral choice to make, you make a choice in the light of the sort of person you see yourself as being. The paradigm example given by Williams concerns a George, who is unemployed but a trained chemist. He is opposed morally to chemical warfare. He is offered a job in a laboratory researching chemical weapons. If he takes the job he will be violating his pacifist principles (although he may also be preventing a more hawk-like and zealous researcher from doing the job more effectively). If he does not take the job, he will be denying income to his family (Williams, 1973, pp. 97–99). Crucially, the dilemma is resolved by asking how you want to go on living, and how you want to be judged by others. What values will define your life? Socrates acts with integrity when he accepts his death sentence; the Polish children's author and teacher Janusz Korczak acts with integrity when, in 1942, he voluntarily accompanies his children into the gas chambers (Szawarski, 1986, p. 200). To act otherwise is to sacrifice your sense of self.

Approaches that stress autonomy and identity perhaps imply integration. Integration suggests that the beliefs and actions of a person should have a high degree of internal consistency. Dare suggests that the three elements of autonomy, identity, and integration are held together and underpinned by a process of 'sincere and thorough reflection' (Dare, 2010, p. 101), which we may understand at the very least as a rigorous seeking out of contradictions in your beliefs and values, and between them and your actions. Dare's argument thus effectively shifts the emphasis of analysis away from the qualities that characterize integrity, be they autonomy, identity, or integration, and towards the underlying process that guarantees integrity. Dolovich's (2010) reflections on the possibility of integrity among lawyers share this emphasis upon the importance of the reflective element underpinning integrity. Building on the work of others like Taylor (1981) and McFall (1987), she lists the following traits as possible components of integrity: an integrated self, maintaining your commitments, a clear conscious sense of values and principles, a commitment to enactment of your values, moral trustworthiness, respect for humanity, moral maturity, lack of self-deception, and self-knowledge (Dolovich, 2010, pp. 144–155). Crucially, what underlies all of these is

the 'capacity for and willingness to engage in critical reflection on your own values and principles, a process that involves at a minimum the careful consideration of alternative viewpoints, a logical assessment of relevant evidence, and an openness to the possibility that you could, in the face of sufficiently persuasive arguments, be convinced to re-think your preferred approach' (Dolovich, 2010, p. 146).

Dare and Dolovich may be seen to be responding to a fundamental problem in many accounts of integrity (including those of Frankfurt and Williams). Accounts of integrity can be highly formalistic. If integrity is a matter of establishing the coherence of your actions with a grounding value or principle, then it is not clear why someone who pursues morally unacceptable values consistently is not also acting with integrity. The anti-Semite or homophobe who consistently acted upon their prejudices, and who identified themselves (and perhaps following Frankfurt's account, reflectively) as an anti-Semite or homophobe, apparently fulfils the criteria of integrity. Integrity seemingly rests upon the individual subject's assertion of the rightness of a principle. You defend yourself by saying that 'I did what *I* thought right', and effectively can and need say nothing more than that (Calhoun, 1995, p. 251). Ashford attempts to avoid this problem by defending a notion of 'objective integrity' (Ashford, 2000, p. 246). The person who has moral integrity is morally right. This seems less to solve the problem of formalism, than to sidestep it. It presupposes the existence of an accessible objective moral standard, against which values can be measured, and thus crucially ignores the fact, which we would like to place centrally, that moral values are contested. While the right actions for Socrates and Korczak may be clear (even if demanding of a near unimaginable strength of will), George's direction is much more problematic. People who act with integrity are rarely self-evidently right (or at least, not in interesting and challenging cases). Further, we may readily grant integrity to people with whom we morally disagree. The problem of the substantive grounding of integrity can be pursued by looking at the tension between personal and professional notions of integrity.

Personal and professional integrity

The discussion above concerning the relationship between patients and whistle-blowers suggests that integrity is a concept that is only useful for understanding persons occupying particular roles, and in specific forms of organization. The problem of integrity arises where different roles, values, and ethics are brought into tension or conflict. They arise whenever an individual who is required to act for the benefit of others joins and participates in an organization or professional group. In such circumstances, the organization or profession may have one set of values and ethical standards, while the individual's personal code, or more importantly, their perception of the organization's values, may be very different.

For example, the National Health Service (NHS) aims to provide abortions on therapeutic grounds, and the professional groups that provide their members to the NHS accept that abortions may be an appropriate part of the duties of their adherents, but individual professionals may not feel it right to take part in abortions themselves because of their own values and beliefs. A more subtle case might involve the NHS professional who perceives that the pursuit of targets is compromising patient care. Here the issue is less a conflict between a 'personal' value and a professional one, than a conflict within the profession or organization. Is the professional's immediate duty to the patient in front of them (although the consequence of treating this patient would be missing, say, a waiting time target), or to the organization?

These are classic cases of where the values that guide professional practice might conflict. They mirror, in certain respects, Williams's example of George. An individual is confronted with a choice of either going with what we may consider to be their personal values, in which case they may refuse to take part in such operations, despite the cost to themselves and perhaps their dependants, or capitulating to the dominant professional and organizational values. We are, nonetheless, asking a subtle question here: exactly what is it about integrity that would allow you to choose, and more profoundly, to make the right choice?

To talk of 'personal' values or 'personal' integrity may itself be problematic. It suggests again the solipsistic assertion summarized by Calhoun: 'I did what *I* thought right' (1995, p. 251). The mere statement of a subjective, personal, or idiosyncratic belief as the ground to your actions, however consistently those actions are pursued, does little other than alienate the whistle-blower from the organization. The whistle-blower becomes terroristic, disrupting the organization, while not allowing for the organization to defend itself rationally, or to debate the relevance of the values that are being challenged. Further, the very notion of 'personal' values, as the ground for integrity, may be deceptive. Such a notion obscures the origin of these values, suggesting that they are always already part of the person. Frankfurt's and Williams's arguments do not clearly dispel this problem. Williams suggests that integrity is little more than the arbitrary or existential choice of one identity over another.

It may be suggested that, if, as we have concluded above, integrity is to do with the occupation of roles, then your private or personal life should be treated as a social role as much as your position within an organization. Your personal values are formed by a process of socialization, through the influence of parents, family and peers, teachers, the mass media and so on. In a complex and pluralistic society, this process is rarely a simple or uncontested one. Even as a private individual you may be confronted by a bundle of different possible identifications, none of which need be wholly consistent with others. Calhoun rehearses Maria Lugones's reflections on how she could identify at once as a Latin American and as a lesbian, given that the culture of the former condemns the latter (Calhoun, 1995, pp. 238–239). This already suggests that it is simplistic to hold to a notion of the integrity of identity that presupposes the pitting of one clear and unambiguous sense of your self against corrupting influences. George is at once a scientist, a pacifist, and a father. To elect one of these roles, along with its grounding values, as the dominant one, may be to abnegate on the challenges of integrity, not to fulfil them. Individuals commit themselves to complex and at times conflicting values and identities. In effect, this is to ask, after Frankfurt, Dare, and Dolovich, what exactly is entailed in the process of reflection (and not least the question of who I am and what I am to do), such that it might rise integrity above the level of solipsistic assertion of an arbitrarily chosen moral principle.

Professional organizations are normatively complex. They will embody a diverse and at times conflicting range of values and principles. This will be due both to a process of historical accretion, as the organization is developed and reformed over time, and from the different interpretations of the organization and its associated professions that are brought to it by its staff. We suggested above that a motivation to whistle-blowing may lie, less in the conflict between supposedly personal values and professional values, than between different interpretations of what the organization's or profession's values actually are. Presumably, the strict Catholic who becomes a nurse knows, beforehand, that the NHS performs abortions. It would seem disingenuous to protest at this practice once you have achieved professional registration (although your conscience may still be troubled). More significant are cases where the organization or profession is failing to live up to values and objectives that might reasonably be ascribed to it (and indeed that might have motivated the person's entry into the profession in the first place). To discover that the pursuit of targets is inhibiting patient care, or compromising the standards and nature of teaching, marks a genuine moment of conflict over the integrity of the profession. But, if professions are complex and inconsistent in their values, just like individuals, it may be naïve to assume simple solutions to such conflicts.

Calhoun is critical of the approach to integrity that equates integrity with 'clean-hands'. This position assumes that the only persons that can have any integrity are those who have managed to distance themselves from morally impure and dubious actions. Such an approach is problematic, in part because of its idealism, but also because it perhaps misses a key element of integrity. Integrity may not entail always doing the right thing. It may rather entail recognizing, and feeling appropriately guilty, at doing the wrong thing. Integrity can thus be expressed in a capacity for self-reproach (Calhoun, 1995, p. 250). How the individual manages this process of negotiating between

the bundle of personal, organizational, and professional values and ethos with which they are confronted is, we would suggest, through integrity understood as a reflective competence.

It is not possible for organizations and social groups to function without some compromise. So realistically, it cannot be the case that integrity only comprises working in groups which are entirely compatible with your own beliefs and values. It is difficult to imagine an effective politician or lawyer who could keep their hands unspotted by compromise, half-truth, and even lies. The justification for this kind of apparently morally ambiguous behaviour is that to function effectively and ensure that the goods they can deliver to the population are rendered as institutions (e.g. justice, protection), law, and politics requires individuals from time to time to compromise their own deeply held beliefs, values, and preferences (Hampshire, 1978; Dare & Wendel, 2010). Yet it is not altogether uncommon to hear both politicians and lawyers praised for their integrity.

While lawyers and politicians represent extreme cases of apparent compromise of personal beliefs and values, no individual professional can simply do whatever they wish by their own lights and beliefs. There are clear role obligations to employers, clients, and professional groups with whom they are legitimately engaged. However, wherever beliefs and values vary from those of the individual, there is bound to be some kind of compromise, and how this compromise is worked out and enacted can be seen as the business of manifesting integrity. Thus professional integrity might not necessarily be the most clearly manifested in the person with the strongest conscience or the most strongly held set of values that brook no compromise. This means that whistleblowers, important and helpful though they are in some circumstances, may not occupy the highest moral ground in thinking about professional and organizational integrity. Rather, the main exemplars of integrity are people who can skilfully identify and navigate the sorts of compromises that are inevitable in complex work in pluriform social contexts where your own personal values, however precious to yourself, are regarded as only part of the relevant picture.

What is thus important about Dolovich's argument above is therefore not merely the emphasis on reflection. As the weaknesses of Frankfurt's account suggest, solipsistic reflection is insufficient; Dolovich recognizes the need for an intersubjective process of reflection. As Calhoun expresses this, integrity is the 'social virtue of standing for something before fellow deliberators' (Calhoun, 1995, p. 259). That is to say that, to have integrity, it is not sufficient that I assert my values as right. I must also understand myself as a fallible social being. If I assert a value as right, standing by it, I presuppose that it is a value to which others will be willing to assert. In my act of assertion, I look for their endorsement, and crucially respond to, and try to understand, self-critically if necessary, their disagreements (see Calhoun, 1995, p. 257). It is this kind of reflective capacity that we want to commend as the most important aspect of professional integrity in contemporary healthcare practice.

Two forms of integrity

Before going on to look more at what this might mean, let us first distinguish two basic understandings of integrity that might be helpful in developing and sorting out exactly what the concept can and might mean in the light of this discussion. We call these Integrity A (IA) and Integrity B (IB). Integrity A is basically the personal experience of integrity as a fundamental aspect of person and identity. Integrity B is the more social, reflective competence that we have just been mentioning.

Integrity A

People may understand and experience integrity as if it is a substance-like part of the self, a thing rather than a quality or activity. When something happens in professional life that really upsets an individual, they may well talk about it as an 'assault' on their integrity. We may here consider, on the one hand, the experience of being falsely accused of hypocrisy, self-deception, dogmatism, or (Frankfurt's) wantonness, and thus of lacking integrity. Such accusations violate the self that you believe yourself to be, or more importantly, that you want other people to see you as. On

the other hand, your integrity may be violated by the demands placed upon you by the external, and especially professional or organizational, environment. Consider again the doctors whose practice is compromised by the need to meet government-imposed targets. In line with Frankfurt's integrated-self picture of integrity, or Williams's identity picture, this kind of assault is experienced as wounding and damaging to a person's sense of self and value.

The metaphorical field evoked here is that of material essence, and it points to the fact that when people feel their fundamental values, ethics, and commitments are being questioned or threatened, then it feels like an attack on the self and its identity. Integrity virtually becomes the personification of your most dearly held moral principles. People do not mostly think about 'their integrity' when things are going well and their own beliefs, values, and practices are well aligned with those of the profession, organization, or client group with whom they are working (or at least, there is no manifest conflict that disrupts practice). But sometimes, these can be very fundamentally challenged and then it feels as if a direct attack has been made on the person of the professional. Rather like falling over a shoe scraper, the challenged individual is suddenly aware of feeling threatened, even wounded by something that they may not realize was there (Pattison, 2004). In this use of integrity, it is readily understood as a fundamental and unassailable aspect of identity.

There are a number of very positive things about regarding integrity as a fundamental and basically unchangeable part of the self. First, it alerts the individual by means of moral pain to the fact that there may be seriously wrong things going on around them. Secondly, it warns them that they may need to defend themselves or others from harms that might befall them. Thirdly, it can brace and inspire the individual to courageous action such as whistle-blowing in the face of persistent harm or injustice.

But there are also fundamental problems with IA. In the first place, it gains its power from an urgent and intuitive sense that all is not well. This may be correct, but there may be more to find out and other perspectives to gather. The problem could, for example, lie in yourself, not in your environment. Secondly, insofar as it adduces a defensive or even aggressive response to protect the self and its identity, it can lead to a failure to absorb or consider new evidence and facts that might be relevant. It is very judgemental and may entertain no interrogation or dialogue, so that the threatened self is left rather isolated within its own thought world and stance. And it might also be rather perfectionistic, suggesting that any stance other than its own is less than moral, and is inimical to a sense of real integrity. It is highly likely that an appeal to the personal integrity of identity will be conservative, nostalgic even, based on the prior socialization of the self in habits and practices; this means that it may not be susceptible to taking into account new situations, contexts, and circumstances. Similarly, it can lead people to a kind of solipsistic self-righteousness which may preserve the person's own conscience and habits, but perhaps does not allow the kind of flexibility that is required in pluralistic organizations serving many groups and ends within a contested and fragmented world. This may also mean that it is unwilling to be interrogated or to enter into dialogue with relevant contexts and groups. So this view of integrity situates that virtue or substance is almost entirely within the self and is likely to marginalize the interests of wider society and contexts, except insofar as these have been internalized by individuals.

If this view of integrity is taken to be determinative, so that personal morality and values (sometimes called 'conscience') are always allowed to 'trump' professional and organizational norms and requirements, then it is possible that, over time, more and more professionals will exempt themselves from undertaking legitimate activities required of them by their professions or employing organizations. This might well have a negative effect on those professions and organizations as they will not be able to deliver to clients the services that they undertake to provide. The NHS cannot provide therapeutic abortions if all its professional gynaecologists and nurses object to doing this because it violates their conscience or integrity. Thus, personal 'integrity', perhaps presenting yourself as the one true voice of the profession, may lead to a diminishing of the availability of legitimate social and moral goods that the organization has agreed to supply. This might then damage profes-

sional and organizational integrity; and that will have a cost to the social fabric of the service.

Integrity A, therefore, while it has its value and use in alerting individuals to matters of personal and moral concern, is more limited and of less value to those living in the complex world of professional and group values than it might on first sight seem to be. Indeed, it may be far more morally ambivalent and less morally supreme than might be hoped. If IA alerts people to issues of moral concern and possible serious threat that might fundamentally challenge and damage self and others, then it is to be hoped that it might quickly give way to IB.

Integrity B

We understand IB to be *the capacity to deliberate and reflect usefully in the light of context, knowledge, experience and information (that of self and others) on complex and conflicting factors bearing on action or potential action*. If integrity is a social competence, then it presupposes that you are at once a member of a community, and that you have responsibilities to your fellow members. More subtlety, and perhaps more significantly, in recognizing yourself as a social being, you also recognize that you are part of what Calhoun calls 'an evaluating community' (Calhoun, 1995, p. 254). Your own values and moral understandings are formulated in large part through the process of being socialized into at least one, and more likely many, communities. They are fluid and potentially inconsistent. Indeed, as an individual occupies diverse and conflicting roles, the very notion of having a single unified and consistent self may be problematic.

This does not mean that you are the unthinking clone of a community, condemned to accept its values uncritically. In a pluralistic society, it is precisely the continuing contact that we have with alternative value perspectives and diverse experiences that leads to the continual challenging and negotiation of our own values. As noted above, it is more appropriate to see individuals as members of multiple communities, with complex, overlapping, and at times conflicting allegiances and identities. You can be, in Lugones's case, lesbian and Latin American, just as you can be a nurse and an opponent of abortion. For much of the time, inconsistencies between our diverse value systems will not trouble us. It is only when they are forced to our attention and we must choose to act according to one set of values or another – when the nurse is asked to assist in an operation that he/she finds morally repugnant – that we must respond. This is the experience at the root of IA, but IA suggests that you retreat into the illusion of a single coherent value system. One of your communities trumps the others, and you relinquish all other identifications. You become simply a Christian, and no longer that more subtle, but more troubling thing, a Christian nurse.

Integrity B suggests that one can never stand outside of a communal or cultural value system. There is no Olympian vantage point from which the morally right can be judged. You struggle within your communities, and a multiple identity may be more fruitful to moral debate and negotiation than the dogmatic commitment to a single community. Lugones is as opposed to oppression as a Latin American as she is as a lesbian. So too, our Christian nurse seeks to aid his/her fellow humanity, both in his/her Christian practice and in his/her nursing practice. What the struggle against oppression means, and what aiding your fellow humanity means, become challenging and profound questions precisely at the moment of conflict between the two moral cultures.

To refuse this challenge is to act without integrity. It is to deny a part of yourself, as well as denying your debt to the plurality of communities to which you belong. More profoundly, it is also to surrender to the problems of formalism noted above. Integrity A can be interpreted as being relatively indifferent to the nature of the values you champion as opposed to the fervour with which they are invested. Consistency of behaviour and belief is fetishized, and to be pursued at all costs. In IB, consistency retains its importance, but as an elusive and perhaps utopian goal. As such it offers a critical perspective on current real-life conflicts and ambiguities; it may spark your conscience and force you to continue to practise aware of your compromises and failings, but it will also make you realistic, and refuse short cuts to a clear conscience. The anti-Semite can perhaps act more readily with IA integrity than can the defender of the oppressed. The

latter may well have to compromise and practise a Realpolitik in order to achieve anything at all. Integrity B demands that your values are subject to open, public debate. Ideally, it is only values that can be rationally defended that will survive such debate. (Of course, we do not live in an ideal world, and debate will frequently break down or be corrupted by inequalities of power and influence.)

On this understanding, integrity is not so much an authoritative and fixed aspect of the self that must be respected and obeyed no matter what. It is a more deliberative capacity and competence which is deployed in the context of complex professional and organizational work to find appropriate answers and ways forward. Of course, this sounds rather vacuous and a good deal less authoritative and motivating than IA, but it is also more realistic and pragmatic.

A person manifesting IB, while recognizing the urgency and challenge to identity which emerges from recognizing a clash of values, will not simply make very quick decisions or take up rigid stances based on strong first impressions or intuitions, and then refuse to move from these. Their impulse will be to gather information, knowledge, and experience from others and to engage in dialogue and discussion so that they really understand the issues at stake. They will want to understand and think about both past habits and customs and about future possibilities, and may make a presupposition that their own most deeply held personal values may be flawed and imperfect. Integrity B embodies a kind of hermeneutic or interpretative stance to the present whereby effort is put into understanding all aspects of context, history, and relevant factors, past, present, and future, so that correct or at least justifiable stances can be taken up that appropriately reflect the present situation. Above all, IB implies an initial trust in the possibility of open and fair debate.

That is not to say that IB implies infinite flexibility and compromise so that the professional concerned just does what seems most expedient from the professional or organizational perspective. But the point is that professionals manifesting IB will weigh their values and perspectives in the balance with a wide variety of other perceptions and factors before arriving at a definitive moral stance. And their final position may indeed be some kind of compromise with their own personal values, or a reinterpretation of who they are.

However, those who manifest IB should not be regarded as people lacking integrity. The business of integrity in this understanding is not just to stick up for the views of a single community, blindly to privilege one aspect of your multiple identities and roles, not to dance exclusively by yourself and to your own tune and steps, but rather to engage critically and creatively with the people, organizations, and factors that surround the context, making skilful use of past, present, and future factors. It may be that the IB 'dancer' will decide in the end that they cannot sacrifice or surrender the deeply held values of what they come to recognize as their primary community, and so they will then revert to an IA position, perhaps quite rightly, and possibly with important negative consequences to themselves. But in this context they will have undertaken a different, and perhaps more complex, responsive journey than the person who never thinks of moving from position IA. They may also require as much courage and steadfastness as the person who resolutely stands by a position in an undeviating way.

Light on whistle-blowing

This distinction between two understandings of integrity can throw useful light on the practice of whistle-blowing in healthcare organizations.

In many ways, whistle-blowers are admirable people who take their lives and careers in their hands to protest publicly about systemic wrongs and injustices that are not righted through the normal means of feedback and concern within organizations. As all organizations have their shortcomings and many have practices and habits that are systemically ignored or unaddressed, it might be argued that everyone should see themselves as a potential whistle-blower.

However, if we explore the IA/IB distinction, it can be seen that whistle-blowing that simply emerges out of IA type integrity might not be as realistic or unequivocally admirable as it might at first sight appear. If everyone sees themselves as authorized to act immediately and radically, and primarily out of

their own personal beliefs and values, without exploring further different perspectives and views, then while a certain kind of integrity might be honoured and upheld, there is a real sense in which the integrity and functioning of organizations and professions may be damaged. If organizations and professions are basically pursuing good and legitimate ends, potential whistle-blowers need to think very hard about putting their own moral beliefs and values above those of the groups that employ and work with them. Of course, most whistle-blowers do precisely that and only arrive at the decision to put themselves outwith the conventional systems of feedback and complaint as a last resort. And at that point they will need all the sense of IA that they possess. They will also deserve praise from the wider moral community whose interests they are probably preserving. However, there are some people who perhaps move too quickly towards self-vindication and preserving a sense of personal integrity without taking seriously enough their responsibility to engage in IB type activity. Whistle-blowing might even then be seen as a rather self-indulgent or self-serving activity. Further, we might note that the distinction between the heroic whistle-blower (who acts with integrity) and the naïve, dogmatic malcontent is typically made retrospectively. Whistle-blowers of integrity are those who typically choose the side that wins, and it is the winners that write history. Less cynically, that is to say that the whistle-blower of integrity is the one who defends and promotes the communal values that become widespread and dominant in the more enlightened and morally sensitive society. Edgar (1994) has pointed out that often it is the least powerful and least professionally trained and socialized members of the healthcare community who are most likely to whistle-blow and this is borne out in a number of studies and reports (Beardshaw, 1981; Hunt, 1995; Francis, 2010). It may be that this is at least in part because these individuals basically act primarily out of a fundamentally uncritical sense of personal ethics and moral righteousness that does not take into account the complexity and competing demands and forces that bear on institutions and situations. What IB suggests is that this uncritical sense is not clearly a good. The least powerful and least trained do not stand on some high ground of moral innocence. The professional is then not necessarily corrupted by their professional socialization. While there is a danger that the professional becomes morally lazy and complacent, a profession that values and promotes IB will provide a bulwark against such complacency. The IB professional will continue to foster and develop a subtle competence in dealing with the complexities, ambiguities, and tensions of professional life.

Integrity B activity may therefore lead to rather more ambiguous and complex outcomes than IA activity on occasion. For example, a senior manager might decide to resign in the light of shortcomings in the wards they manage, or they might decide to stay on to ensure that what can be done to make those wards better is done as a sign of a continuing sense of responsibility. In either case, the manager might or might not be held by others to have acted with integrity. It may be that, faced with the complexities of plural moral and practical demands, the whistle-blower simply retreats to a simpler and more manageable morality. Deprived of this one-sided moral clarity of the whistle-blower, who works instinctively within the model of IA, this second kind of integrity that may manifest itself in compromise still arguably has as much worth as a feature of institutional and professional life. If everyone worked on IA and saw personal values as paramount, discarding social and collegial virtues such as loyalty, trust, and confidentiality, or saw themselves as the bearer of a single, unified moral code, it is doubtful whether professions and organizations with their necessarily complex and conflicting aims and values could survive and deliver the services that they do within a pluralist society.

So it is right that whistle-blowing should not be thought of as the normal or normative response to injustice and imperfection but should remain an exceptional response to extreme situations. Health workers should not conceive their integrity primarily in terms of whistle-blowing and upholding as a matter of absolute priority over their own personal values, beliefs, and prejudices, even if they come from the heart of their personal identity (as they undoubtedly will). That is not to say, however, that there are not circumstances in which whistle-blowing, fuelled by

strong personal and moral conviction, is not exactly the right and most appropriate response.

Conclusion

In this article we have shown the complexity of the concept of integrity for professional healthcare practice. Integrity sounds simple and seems to be indispensable for professional flourishing and legitimacy, but as we have seen, it has many different meanings and each of these meanings has implications for theory and practice in professional life. The complexity and intriguing nature of integrity were initially compounded by looking at the absence of its being required for patients on account of their not being engaged in taking responsible, forward-looking action for others in an organizational context. This example clarified that integrity is only required of some people in some very specific contexts, most significantly for professionals proposing action or inaction on behalf of others within an organizational context. It is only in some kind of professional and organizational context where values, norms, and ethos clash that integrity becomes an issue. It is only where there is a potential clash between your own intuitions and deeply held beliefs and the values and those of other groups and individuals that integrity becomes relevant. We then looked at two main notions of integrity that pertain in professional life. Integrity A presupposes a substantial view of integrity as an inherent and unchallengeable part of the person that forms part of basic personal identity. Integrity B sees integrity more as an activity or process of discerning possible courses of least worst action in discussion with others. Integrity A seems more vivid and incontrovertible, more clearly 'moral' even. It seems often to underlie valued and occasionally necessary practices such as whistleblowing. However, we argued that IB, while less vivid and more unclear in its processes of discernment, outcome, and judgement, could be seen as a more important kind of professional competence to be universally fostered in healthcare workers. We recognized that IA and IB are not always clearly distinguishable in practice and that it might be desirable for people to move between these two understandings. Thus it might be both possible and desirable for a professional manifesting IB to move to a principled position of IA in order, e.g. to become a whistle-blower or conscientious objector to poor practice. But, as we have suggested, whistle-blowing and other kinds of extreme moral witness are not necessarily to be seen as more desirable or valuable manifestations of professional integrity. Perhaps above all in this paper, then, we have sought to suggest that while integrity may be absolutely necessary for persons engaging in professional practice, what that integrity might be and how it might be worked out may be a complex and ambiguous matter. And that is how it should be working within complex organizations within a complex society that pursues contested ends and goods.

References

Ashford E. (2000) Utilitarianism, integrity and partiality. *The Journal of Philosophy*, **97**, 421–439.

Beardshaw V. (1981) *Conscientious Objectors at Work*. Social Audit, London.

British Association of Social Workers (2002) *Code of Ethics for Social Work*. BASW, London.

Calhoun C. (1995) Standing for something. *The Journal of Philosophy*, **92**, 235–260.

Cox D., La Caze M. & Levine M. (2008) Integrity. *Stanford Encyclopedia of Philosophy*. Available at: http://plato.stanford.edu/entries/integrity/ [accessed 30 July 2010].

Dare T. (2010) Detachment, distance and integrity. In: *Personal Ethics and Integrity* (eds T. Dare & W.B. Wendel), pp. 100–124. Cambridge Scholars Publishing, Newcastle upon Tyne.

Dare T. & Wendel W.B. (eds) (2010) *Personal Ethics and Integrity*. Cambridge Scholars Publishing, Newcastle upon Tyne.

Dolovich S. (2010) Ethical lawyering and the possibility of integrity. In: *Personal Ethics and Integrity* (eds T. Dare & W.B. Wendel), pp. 125–185. Cambridge Scholars Publishing, Newcastle upon Tyne.

Edgar A. (1994) The value of codes of conduct. In: *Ethical Issues in Nursing* (ed. G. Hunt), pp. 148–163. Routledge, London.

Francis R. (2010) *The Mid Staffordshire NHS Foundation Trust Inquiry: Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005–March 2009*. The Stationery Office, London.

Frankfurt H. (1971) Freedom of the will and the concept of the person. *The Journal of Philosophy*, **68**, 5–20.

Frankfurt H. (1987) Identification and wholeheartedness. In: *Responsibility, Character and the Emotions: New Essays in Moral Psychology* (ed. F. Schoeman), pp. 27–45. Cambridge University Press, Cambridge.

General Medical Council (n.d.) *Members' Code of Conduct*. Available at: http://www.gmc-uk.org/about/register_code_of_conduct.asp [accessed 8 September 2010].

Hampshire S. (ed.) (1978) *Public and Private Morality*. Cambridge University Press, Cambridge.

Hunt G. (ed.) (1995) *Whistleblowing in the Health Service: Accountability, Law and Professional Practice*. Edward Arnold, London.

McFall L. (1987) Integrity. *Ethics*, **98**, 5–20.

Nursing and Midwifery Council (2008) *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives*. Available at: http://www.nmc-uk.org/aArticle.aspx?ArticleID=3057 [accessed 8 September 2010].

Pattison S. (2004) Understanding values. In: *Values in Professional Practice* (eds S. Pattison & R. Pill), pp. 1–11. Radcliffe Press, Oxford.

Szawarski Z. (1986) Dignity and Responsibility. *Dialectics and Humanism*, **2–3**, 193–205.

Taylor G. (1981) Integrity. *Proceedings of the Aristotelian Society*, **S55**, 143–159.

Williams B. (1973) Integrity. In: *Utilitarianism: For and Against* (eds J.J.C. Smart & B. Williams), pp. 108–117. Cambridge University Press, New York.

Williams B. (1981) *Moral Luck: Philosophical Papers 1973–1980*. Cambridge University Press, Cambridge.