

# VERBAL ABUSE

*of  
Nurses*

by Jean Ann Seago

There are several strategies to cope with abuse. They include:

- Direct confrontation with the abuser
- Suing for slander
- Filing charges for assault and battery
- Educating physicians
- Teaching skills in communication and conflict resolution to nurses
- Teaching nurses ways to "defuse" anger
- Assertiveness training
- Educating nurses on legal recourse to verbal abuse
- Developing administrative policies and procedures describing the institution's position on abuse

Helen Cox suggests:

- Hold up your right hand in the universal stop signal
- Leave the site for a more private area
- Be assertive
- Continue your education
- File an incident report
- Call a "Code White," where colleagues immediately converge on the site of the abuse and stand and observe the attack

“You have @#\*%#@ up my whole day!!!!” This exclamatory message was hurled recently by a prominent member of the medical staff of a small community hospital to an assistant nurse

manager. Delivered in a loud voice, it was accompanied by finger pointing and an angry expression. It was expressed in a visitor waiting area located off a busy connecting hall in the main hospital. Fortunately, no visitors were present at the time.

Does this constitute verbal abuse of the nurse manager? What should the manager have done during and after the incident? What should the director of nursing have done regarding this incident?

The abuse of nurses is quite common.

## Verbal Abuse of Nurses

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and conflict resolution and, as an administrator, I have tried to help create an environment where abuse of nurses is not tolerated. These strategies have had varying degrees of success.

Several nurse-writers speak of "oppressed group behavior," although some nurses may be offended by the idea that they are thought of as an oppressed group. Yet the hospital environment can be oppressive to nurses. Oppressed group behavior speaks about "horizontal violence," where constant intergroup conflict takes place and nurses fight each other because they are afraid that fighting the real oppressor involves too great a risk. Today, the constant intergroup conflicts that beleaguer nurses also represent that horizontal violence and explain the phenomenon of nurses collaborating with doctors against other nurses.

Some nurses take on the characteristics of the oppressor in order to feel more

powerful.

Still others feel that they are not supported by managers and administrators in trying to stop abusive behavior. Twenty years ago, Virginia Cleland wrote about "Aunt Jane," comparing the nurse administrator who, in an effort to be accepted by male hospital authorities, became the equivalent of "Uncle Tom." These Aunt Janes took on the role of the oppressor and ignored issues of abuse in order to maintain their own positions in the bureaucracy.

If we, as nurses, are to contribute to changing the hospital environments, where most of us work, we must begin to work together, and "together" includes staff nurses, nurse managers, and nurse administrators.

However, dealing with abuse cannot be placed solely on the shoulders of the individual nurse, nurse manager, or nurse administrator. Institutions must take responsibility for changing the work environment. If their strategies consist entirely of teaching nurses policies and procedures, conflict resolution, and anger management, they are, in effect, "blaming the

victim" for the abuse. By failing to focus on the abuser(s) (often) the doctor and the enabling hospital administration, we, as nurse educators and managers will continue to practice horizontal violence and to blame the victim for being abused.

Studies on the abuse of nurses are rare; our profession is in desperate need of further work in this area. The cost of abuse to institutions is large, but the human cost to individual nurses is also great. The need of nurses to be able to work in an environment that is healthy rather than hostile has continued through the history of modern nursing in the United States. That need has not yet been met. ❖

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Synopsis - A nurse administrator says abuse is alive and still touring nurses, and things will change only when institutions start to "get it".