

Fall 1997

# REVOLUTION<sup>★</sup>

## THE JOURNAL OF NURSE EMPOWERMENT

Dear Administrators,

I had great ideals when I went into nursing. I wanted to advocate for patients in the impersonal hospital setting, to help patients who were dealing with their mortality, afraid and alone, and to find strength and support within the institution.

Well, here I am after seven years, and I find that I have become a member of this impersonal institution; to survive, I have bought and toed the party line: "us against them."

The greatest frustration, in my attempts to usher in better communication, greater compassion, and increased self-esteem for all, has been bashing against brick walls time after time.

I feel that the greatest thing wrong in the healthcare field today is how we communicate and relate at all levels: Management/Staff, Staff/Patient, Doctor/Nurse, Department/Department. I really don't know what the answer is, but I do believe that it has something to do with seeing each other as equals and treating each other with respect.

Sometimes I allowed my emotions to get in the way. I felt I was at end-stage burnout and not dealing with issues in a very constructive way. I felt I was alone. Now I think I know why. I don't remember having heard you say "What is OUR part in this, how can WE help?" Often I left meetings feeling the problem was all mine. I know you hear a lot of complaints and I appreciate how difficult your jobs must be, but if I can't come to you with problems, how are things ever going to change?

On top of providing physical, emotional and spiritual care to patients and their families, providing staff with emotional support and supervision, dealing with the communications gap between doctors and nurses, assisting in problem-solving in quality assurance, organizational and documentation issues, adjusting to the never-ending onslaught of state and federal regulatory changes, completing reams of documentation, monitoring for adequate staffing and supplies dealing with pharmacy issues, outside referrals, doctors' orders, patient and family concerns, and attending required meetings and in-service programs, how can we be expected to hold it all together without your offering help and understanding?

I know that I am not without fault, but it seems what was once an exemplary attitude on my part slowly turned into a survival attitude, I realize that my part in this - trying to do the impossible, perfectly, all the time - leads to problems of motivation and depression. But perhaps this behavior must be viewed as a symptom of a larger problem, a problem that runs the length, breadth and depth of the healthcare field as a whole.

In the past, nurses have always said "Okay." But soon we're going to have to stand up and say "No, we need care too!" It's an insidious problem, something we all bought into, though sometimes I wonder if we nurses aren't seen as women who have taken it because "they care," and so will continue to take it.

I see now that I have been close to the edge for some time, and that my frustrations, outright anger and sense of isolation have been building for years. I want to challenge you to learn more about burnout, codependent institutional behavior, and how things can change for the better. After all, the patients are the recipients of our care. How can we care for them authentically when we are so desperately in need of care ourselves?

Sincerely,

Jane U. Biquitous  
Jane U. Biquitous, R.N.



So, who was that man or woman in white? Soon patients may know

Nurses sick over use of unlicensed workers

Nurses rally for change

Pushing pols for nurse-patient

by Jonn M. Baer

Daily News

mandatory ID tags

argued the state needs mandatory nurse-patient ratios.

"If we can have ratios for why kids in day-care, we can ratios for sick kids and adults in hospitals," O'Donnell told a crowd.

of former state Sen. Robert W. Philadelphia led the rally of its kind at

Health-care strains hit hardest among our professional nurses

In our community, the stress of a health care system in transition is

Nurses question care

Hospitals defend need to cut costs

Health care without nurses Nursing profession is undervalued

Hospitals claim to be serving patients' needs when they cut costs by eliminating nurses, but in doing so, they undermine the only real reason for hospitalization.

few want to r details and the dignity was tr ily functions trooled. Like we have d seep into much less There i you'll ever you need nursing

Patients die as care is 'downskilled'

O'Brien is prime sponsor of legislation requiring hospitals provide ID tags for those patient care. He told the bill is moving and positioned for

"Given recent and current criticisms of poor quality in healthcare, the public would do well to turn more of its attention to developments in nursing and to the problems with which this group has to contend"

[Ashley, J.A. (1976). Hospitals, paternalism and the role of the nurse. New York: Teachers College Press]

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