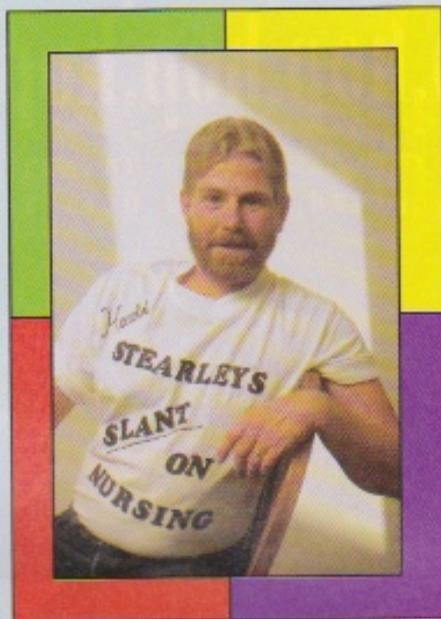


# Stearley's **SLANT** on Nursing

## PROFESSIONAL JEALOUSY—

### The No-Win Factor

by  
Harold Stearley



"Constant discontent with oneself is not only pervasive in nursing, but is enslaving, contaminating every relationship and making each attempt at accomplishment an arena for competition."

I had just received the news that my latest nursing research project had been accepted for publication. Although I wasn't receiving an honorarium, I was ecstatic!

After spending 200 hours designing the research tools, collecting and analyzing the data, preparing the manuscript, and submitting it to various nursing journals, learning of my article's acceptance meant that all of my hard work was being rewarded.

The article profiled the institution where I was employed, so I believed that it would place me in good standing with management. After the first words of congratulations arrived, I was psyched-up for my next project.

But, this honeymoon phase was short-lived as I noticed how quickly the tone of my colleagues' comments changed. One staff member approached me and said, "I see that you were published. You sure have milked this program for all its worth."

Another colleague, a clinical specialist, tracked me down to tell me, "You really need a master's degree to be considered credible when publishing nursing

research."

And during a staff meeting — in front of my peers — an assistant manager played down my research by stating, "Oh, you were just writing that article to get paid for it."

Then my own manager told me that I had better let her review anything I wrote in the future because, after all, she had a Ph.D. and knew how to do research.

After I submitted my plans for a second research project, my manager told me, "You're beating a dead horse. You need to find something else to do." Yet another manager called me into her office to inform me, "You have demonstrated an entrepreneurial spirit, and now you need to stop this and come back to work in our system."

A third manager was more blunt. "No one is interested in what you have to say," she said. And, as if these comments were not enough, another manager let me know that I was a "threat to authority," saying, "You are articulate; therefore, you are dangerous because someone might actually believe what you've said."

What is going on here? I thought that

nurses should support one another and work together to advance our profession. Where did all of this petty competitiveness and animosity come from? I hope that what I experienced is the exception and not the rule, or else we nurses will always have trouble uniting to face the challenges confronting nursing.

There is no need to seek out a definition of jealousy from Webster's Dictionary. We all know its destructive effects. What is important is *why* this behavior is so prevalent in nursing and *how* it can be avoided.

Not so ironically, I found the majority of literature concerning jealous behavior under the heading of Child Psychology. Of course, jealousy is rather childish. But, it may very well be at the heart of many of the problems that nurses have dealing with each other on a daily basis.

Low self-esteem and competitiveness often seem to be requirements to become a nurse. Constant discontent with oneself is not only pervasive in nursing, but is enslaving, contaminating every relationship and making each attempt at accomplishment an arena for competition.



Why is self-esteem such a problem for nurses? Generally speaking, nurses are socialized to be subservient. In the traditionally paternalistic, male-dominated field of medicine and management, the female-dominated field of nursing routinely takes orders and learns very quickly that it is somehow wrong to question those orders.

Nurses are high achievers, educated with the expectation of accomplishing both clinical and idealistic goals. All of us have experienced some form of "reality shock" as we made the transition from student to practicing nurse, and most of us have devalued ourselves if we failed to live up to our ideals.

It's bad enough that we do this to ourselves. But when our managers constantly ask us to do more with less so they can toe the bottom line, and we fail to deliver the "ideal care," again we blame ourselves!

We also get the strong message that management does not care, as we are rarely acknowledged or praised, but are often "rewarded" with even greater expectations. We carry a heavy burden of responsibility to our clients, our employers, and physicians. What nurse could succeed in such an environment — an environment geared for failure?

Too often, nurses internalize negative feelings, losing their ability to empower themselves, either individually or collectively. When people feel badly about themselves or their circumstances, it is difficult to feel good about anyone else's good fortune.

The ensuing competitive behavior is further aggravated by other circumstances. For all of the expectations placed upon us to perform, to pursue advanced degrees, and to achieve certification in our areas of expertise, we receive very limited — if any — rewards.

Promotions are few, so what do we compete for? Nurses find themselves competing for recognition, respect, and unofficial power. In nursing, competition, which normally drives systems and individuals to excellence, creates few winners and many losers.

Competition — instead of cooperation — is instilled in nursing neophytes during their academic training. We are taught not only to compete for grades, but to compete to be more "professional." Associate de-

gree students are drilled on how superior their clinical training will be, while bachelor-prepared students are told that only they will be considered professional nurses. Nursing educators seem to focus more on judging students than truly assisting them to learn and grow. Whether they realize it or not, our academic leaders encourage more infighting! And, with no clear guidelines from our nursing leaders in our professional associations, division remains the rule.

Competition has also become one of the chosen weapons of nurse administrators. Every institution in which I have worked has fostered division in the nursing staff. By keeping nurses divided between units, shifts, new-hires, and experienced staff; associate, diploma, and bachelor degree credentials; and favorites and outcasts, managers create an impotent, fractionated workforce.

Deliberate understaffing not only reduces hospital costs, it creates more divisions as nurses judge each other's ability to "cut the mustard." Face it, when infighting and backbiting are the rule, administration has less to worry about because nurses who are divided don't unite to fight for better working conditions. After all, how can we attain proper nurse-patient ratios, equitable salaries, and decent benefits if we are busy fighting each other?

Faced with such impotence, our self-esteem once again plummets and we become envious of the few receiving the limited rewards that are meted out. Unfortunately, the potential for competition among nurses will probably increase as projected budgetary constraints result in nursing layoffs.

So what do we do? We are supposed to be professionals, yet we spend more time undermining each other than advancing as a cohesive group. I think we need to take our blinders off. The time for denial has passed. We must recognize that, as a group, nurses are more united by a desire to destroy each other than to support each other.

We cannot proceed without identifying our common goals.

First, we must acknowledge that we do have common goals. We must identify those goals and concentrate on ways to cooperate in order to achieve them. Remember, nurses are high achievers and

can achieve great things if they choose to.

Second, we need to recognize each other for our accomplishments, and stop judging and comparing. We each have unique talents and strengths, and, in the grand scheme of things, we all have equal significance. Supportive relationships not only bring us closer, but research shows that job stress decreases as cooperative efforts increase.

Last, we must recognize our enemies and take unified action to address our grievances. We are already exposed to life-threatening diseases, mechanical and electrical hazards, radiation, chemicals, drugs, combative patients, poor management, long hours, short staffing, sexual stereotyping — you name it! Must we fight each other too?

For nurses, infighting is clearly a no-win situation. As healthcare changes in this country, we better be prepared to stand side by side to face the challenges before us. ♦

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[In Mr. Stearley's Fall '94 article, "Defensive Nursing," his biographical sketch indicated that he was employed at University Hospital and Clinic in Columbia, Missouri. He has worked there and many other healthcare institutions, some concurrently. The notation in no way intended to imply that UHC was in any way associated with the legal case described in his article.]

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Professional Jealousy — The No Win Factor

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Synopsis - Competitiveness makes nurses their own worst enemies. If we had greater self esteem, says the author, nurses would feel better about themselves— and their colleagues.