Desensitization to Nurse Abuse

The life-threatening diseases, caustic chemicals, carcinogenic drugs, radiation, and mechanical and electrical hazards nurses face daily in their work environments pale in comparison to the physical and mental abuse to which they are relentlessly subjected. Numerous studies document that, everyday, nurses risk being assaulted by criminals, patients, patients’ family members, the physicians with whom they practice, and the managers who direct them. Nurses are assaulted in patients’ rooms, in emergency rooms, in hospital corridors, and in hospital parking lots. They are besieged in staffing offices, administrative committees, and during physicians’ rounds. This abuse has become so commonplace, so ingrained in our healthcare-delivery system, that it has become standard accepted practice.

By Harold Stearley
PHYSICAL ABUSE IN THE WORKPLACE

The Bureau of Justice reports one million violent crimes occur in the workplace annually. Eight percent of all rapes, seven percent of all robberies, and 16 percent of all assaults occur under the supervision, or non-supervision, of employers. Women are most frequently victimized while, 85 percent of the time, the perpetrator is a young male.

By and large, the overwhelming majority of nurses (97 percent) are female. In addition to their gender placing them at "ground zero," their choice of occupation appears to have doubled their exposure to violence. Many studies reveal that nurses work in a battle zone of physical and psychological violence.

Whether the assault is verbal, physical, or committed with a weapon, the fact remains that nurses are abused at an alarming rate — and the numbers are rising. It takes only one assault to leave a person irrepairably injured, either mentally, physically, or both.

In a recent survey of emergency department nurses, 97 percent said they were verbally abused more than 20 times a year, 87 percent were assaulted without weapons at least five times a year, and 24 percent were assaulted with weapons one-to-five times a year. A startling 67 percent of the staff said they experienced emotional injuries!

It would seem only logical that hospital management would be supportive of its staff nurses and take whatever measures necessary to protect them from abusive environments. After all, it is the nurse who provides direct, hands-on care for patients who are the hospital’s source of revenue. In reality, such support costs money and cuts profits.

It costs money to hire security guards and pay greater insurance premiums to arm those guards so, should a crime occur, they are capable of taking action. Only 78 percent of hospital emergency rooms employ uniformed security guards, and only 18 percent of these guards are allowed to carry weapons.

In some hospitals, crimes are perpetrated so frequently that seven percent now staff off-duty police officers, but only 72 percent of these officers can arrest or detain suspects. How many crimes have to be committed, and how many nurses must be injured or killed, to make it economically practical for managers to protect their staffs?

Recently, a security guard at my hospital told me in confidence that "someone will have to be killed before management takes any action." He also informed me that he and his colleagues were prohibited from securing the building, not only because of prohibitive costs, but because the "image" of locking a healing institution at night was "bad PR for the hospital."

The guard went on to tell me, somewhat apologetically, that he was sorry the hospital didn’t allow him to carry a weapon. "There would be little I could do to protect the nurses without one," he said. He explained that it was too costly to buy each security guard a $400 dollar protective vest "to prevent the guards from being shot." Ironically, this managerial dictate came on a day the institution had budgeted over $100 million in capital improvements—a day following a crime in which a local policeman’s life had been saved by having worn a bullet-proof vest!

When hospitals use security cameras, they are commonly limited in number and placed to monitor the most frequently trafficked areas of the hospital, not the dark recesses of the building which are the choice areas for criminals to commit their assaults. Again, it costs money to place cameras throughout an institution and hire people to monitor them. And it’s cheaper to look at films of entrances and exits after someone has already been victimized to try to identify the perpetrator. Management then apologizes, and denies any liability.

PHYSICIAN ABUSE OF NURSES

When it comes to security, no employee of the hospital will intervene if a physician is abusing a nurse. Doctors can essentially do whatever they want to, because they are the gatekeepers of medical dollars. Strike a nurse, sexually assault or harass a nurse, scream at and brow-beat a nurse, terrorize and threaten a nurse — it’s all fair game if you’re licensed to practice medicine.

Often, physicians will not tolerate nurses who make suggestions regarding patient care. No idea, which is not theirs, is welcome. Yet nurses are charged with the responsibility of challenging any orders which are incorrect, or which pose a danger to their patients.

How many times a day do nurses find themselves attempting, tactfully, to get a doctor to change his or her orders, or to order what is appropriate, only to be screamed at, insulted, struck, or worse? And, how many times do physicians take credit for nurses’ ideas, or return hours later to order what a nurse has suggested, acting as though it was he or she who originated the idea?

If a nurse complains to management about a physician’s behavior, s/he can count on her grievance being dismissed with little to no action being taken. If nurses persist in complaining, management’s usual course of action is to discipline the complaining nurse, deny the existence of any problem, and treat the nurse as if s/he is the problem!

When Meryl Szczepanski, R.N., was physically assaulted by a physician at Newcomb Hospital in New Jersey, management’s response was totally predictable. They fired her for reporting the sexual assault and battery, and fabricated a long list of lies about her performance to justify their own criminal actions.

Ultimately, they paid a price for their actions in court, but Nurse Szczepanski paid a much greater price in terms of the emotional damage inflicted on her — not just from the assault, but from the total abandonment of her employer. This type of incident occurs daily, but most are not reported because the majority of nurses fear such heartless retaliation.

PHYSICAL AND MENTAL ABUSE IN A HAZARDOUS WORK ENVIRONMENT

Nurse managers abuse their staffs every time they refuse to provide adequate coverage for nurses to take care of their patients. Staff nurses are stretched to the limit attempting to provide some semblance of quality care. When there is one R.N. for 20 patients or one R.N. for four ventilated, intensive-care-unit patients, administrative abuse is clearly evident. Nurses working under these conditions must make daily decisions about which patients will or will not receive the supe-
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allowed management to track and discipline nurses. The security systems are designed to prevent staff from obtaining the information used to make the conversions and the actual dollar calculations, insuring management's ability to manipulate staffing to arrive at a specific dollar-per-day patient cost.

Of course, the PCS representatives claimed the system was 92-95 percent accurate in converting actual patient needs into nurse staffing. How did they validate their claims? "Studies," they said. Could I obtain any research information that validated the effectiveness of such systems? "No."

In essence, the institution maintains it is providing adequate staffing while, in fact, it simply creates artificial numbers designed to justify its deliberate understaffing—yet another form of NURSE ABUSE.

In addition to providing fewer nurses for a patient population of increasing age and acuity, nurse managers are now decreasing the orientation time for graduating nurses. The graduate nurse may now receive only one week of orientation to a medical-surgical floor, and three weeks to an intensive-care unit. And, yes, hospitals are now hiring graduate nurses straight into ICUs with no experience whatsoever, which allows the hospital to cut down the cost of hiring more experienced nurses.

Reducing the quantity and experience levels of hospital nurses is, in itself, a major detriment to the provision of safe patient care. Another detriment is forcing new graduates to delegate and supervise the care provided by an ever-increasing number of nursing assistants who have had no experience and minimal training some as little as three to twelve weeks! How, then can nurses be expected to perform in such abusive environments?

With nursing staffs decreasing, workplace injuries are dramatically rising. In one Minnesota study, it was noted that as the R.N.s in the local bargaining units decreased by nine percent, injuries for the remaining nurses increased from 6.35 percent to 11.75 percent! Nurses who had to lift, turn, and ambulate patients by themselves experienced increased morbidity and mortality of both patients (who weren't moved properly), and nurses who injured their backs.

It is clear that management prefers paying the lower costs of worker's compensation claims than providing adequate nursing staff to meet patients' needs. One research study revealed that nurses working rotating shifts for six or more years had a 50-to-70 percent increase in risk for myocardial infarction, a risk that remained for years after discontinuing shift work.

Why should nurses be subjected to such drastic changes in schedules? Why not consolidate shift work and space working days to reduce the stress levels and physical toll extracted by such labor practices? Management defends its practices by claiming it pays "shift differentials," again demonstrating total disregard for the health and well-being of its health-care providers.

Management again demonstrates its disregard when it comes to the mental anguish nurses experience. Unable to care properly for their patients, nurses internalize their patient's suffering, often going home in tears because they were unable to make a difference or prevent complications, or because they witnessed another death without receiving much-needed support. When will nurses reach the point when they have run out of tears?

NURSE ABUSE BY ORGANIZATIONS AND ASSOCIATIONS

Even the American Nurses Association has contributed to the abuse of nurses. Their representatives maintain their policies have been misused, but they cannot deny they created guidelines for the use of unlicensed assistive personnel in their position statement, "Registered Nurse Utilization of Unlicensed Assistive Personnel" and its associated attachments.

These guidelines are now mounted in hospital corridors throughout the country, corridors filled with unlicensed assistants. In today's hospital, one must search hard to find an R.N.; hence, more and more R.N.s are turning away from organized nursing and its domination by nursing managers and academics.

The ANA had captured the membership of 10 percent of this nation's 2.2 million nurses, before, that is, 10 percent of their membership from the California Nurses Association decided to secede in 1995. Refusing to admit they lost this important group of nurses, the ANA continues to let corporate dollars and membership dues drive their agenda. Staff nurses are still waiting for the calvary to arrive, but it appears it won't be on ANA's horses.

In fact, the ANA has never allowed staff nurses, which comprised 75 percent of their membership, to have meaningful participation in the determination of their policies and positions. The ANA's House of Delegates, which votes on such decisions, is comprised of nursing administrators and academicians; 76 percent of the HOD's votes are controlled by the very people who fabricate the nursing-care delivery models and nurse-staffing ratios that exclude R.N.s from the workforce.

Instead of drafting position statements opposing the use of UAP, the ANA has adopted disciplinary measures for any state association that opposes its dictates. Instead of using their $21-million-dollar budget to educate the public with their own program, "Every Patient Deserves a Nurse," the ANA has asked staff nurses who are clinging to limited jobs with poor wages to buy their brochures and distribute them.

And instead of rewarding and honoring staff nurses for joining the struggle to prevent the layoffs of R.N.s, the American Nurses Foundation of the ANA awarded Connie Curran the "First Distinguished Scholar in Residence" award. Ms. Curran is a top official of American Practice Management, a consulting firm that specializes in reorganizing health institutions to lay off registered nurses.

NURSE ABUSE IN THE HOME PERPETUATED BY HEALTH CARE INSURERS

Nurses, predominately women, not only face the possibility of assault at their workplaces, but from their own spouses or partners. One out of every 20 women surveyed had experienced physical or mental abuse in her own home in 1995. One out of every five had experienced physical violence during her adult life, and one out of every three women reported being victimized during her lifetime!

Mental and physical abuse of women has become so accepted, so rationally carried out by their perpetrators, and so purposely ignored by legal and legislative bodies, it is tantamount to a national scan-
dal. Most abusers deny the abuse, just as batterers deny they have beaten someone within an inch of their lives. Because of this denial, the overt acts of violence inflicted upon women have actually increased, while our society, wishing to call itself morally superior, refuses to open its eyes to its own social pathology.

We stand at the brink of another century, calling ourselves the most advanced species on the planet, while half of the world’s population faces the prospect of being murdered by someone they have chosen as their partner. More murders are committed in this country every year by spouses than by any other demographic group; thus the new terminology to describe this form of terror — "domestic violence."

While we count the bodies, does our society strive to eliminate this problem? Unfortunately not. Rather, it does more to trap women in these situations than to help them escape. If this is not sad enough, abused nurses now face another nemesis — health-insurance companies that deny them coverage because they are victimized women. Yes, health-care insurers have become yet another link in the chain of violence perpetrated against women.

Among the current wave of cutting coverage to “high-risk” patients in order to maximize insurance profits, insurance companies deny coverage to victims of domestic violence, deeming them to be living “high-risk lifestyles.” A single beating is now a “pre-existing condition.” Only five states have passed laws to eliminate this type of discrimination — five out of fifty!

How long will it be before a nurse will be classified as a “high risk lifestyle”? With the many dangers and risks nurses face daily, there is no question it is perilous to become a nurse. How long will it be before all of our nation’s hospitals abandon our nation’s primary caretakers altogether?

**THE BATTERING SYNDROME**

The behavior patterns women develop in response to being continually victimized — significant increases in anxiety, depression, somatization, and low self-esteem — now have an official title: “The Battering Syndrome.” Low self-esteem permeates the nursing profession. Nurses have been treated with such disrespect for so long that they have come to disrespect themselves.

After being kicked around again and again by managers, physicians, occasionally their patients, and even their spouses, nurses understandably begin to question their own self-worth. They wonder if they are performing a quality job, they blame themselves for everything, and they navigate their work environments with their heads bowed, ashamed to stand up for their rights. This is exactly where those in power want nurses to be — totally demoralized and, therefore, easy to manipulate.

From childhood to adulthood, we are all taught to work hard and be truthful and loyal. For nurses, who take for granted that others learn the same lessons, it comes as a shock to realize that some of these “others” are abusive and exploitative. Time and time again, I hear nurses making excuses for the same managers who have just victimized them!

**WHEN WILL THE ABUSE END?**

Abuse upon abuse upon abuse. It's a wonder there are any people left in this country who want to become nurses! Of course, the new Patient-Focused Care models have reinforced management’s desire to eliminate nurses anyway. In their view, a janitor can provide nursing care.

Nevertheless, there are untold numbers of highly motivated people who still believe that caring for others is a noble calling. Unfortunately, the abuse of nurses continues to be widespread and blatant. In essence, nurses have become desensitized to it and accept it as sort of a hazing ritual that is required of anyone who wants to join the professional ranks of the staff nurse.

What is the solution? Nurses must acknowledge the presence of abuse and exploitation and fight back. Only when denial ends and a take-charge mentality prevails will nurses be able to take control of their profession, and reclaim their self-respect.

Freelance writing appears regularly in the local press in Missouri and his articles have been featured in Nursing, Nursing Administration Quarterly, Nursing Economics and REVOLUTION - The Journal of Nurse Empowerment.]

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References


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