

A Dirty Little Secret: Verbal Abuse of Obstetric Patients

Mary Douglas MSN, RNC-OB, C-EFM WIC/Labor and Delivery UTMB Health, Galveston, TX

Results/Findings

In total, eleven Registered Nurses participated in the study. Online interviews were conducted using Google® chat.

Structural and textural descriptions from the participants were ascertained and divided into themes described below.

Theme One

Eye rolling
Sighing
Impatient gestures
Muttering
Condescending tones
Racial slurs
Profane language
Social swearing
Annoyance swearing

Theme Two

Unprofessional Behaviors
Lack of compassion
"Been there, done that"
Lack of altruistic motivations
"In it for the money"
Nurse convenience ahead
of patient's needs
Ignoring patient requests
Birth plans
Demanding patients
Pain control in labor



Theme Three

Fear of retribution or rocking the boat
Fear of conflict from staff, patients, and visitors
Emotionally and physically draining
Unsupportive organizational systems
Lack of accountability
Unsupportive charge nurses
Unfair assignments and favoritism
Busy work environment
Heavy & unpredictable workloads
Additional responsibilities
Staffing issues and lack of break time

Theme Four

Power and Control

Nurses must take charge to maintain a calm environment "Nurses know best"

"We've seen that, done that"
Bullying patients





Conclusions

Similar findings to those discovered in literature review.

- Angry outbursts, rudeness, physical threats occur (Veltman, 2007)
- Patients reported Post Traumatic Stress Disorder (Beck, 2004; Goer, 2010). Similarly, Registered Nurses reported long-term memories of abusive behaviors perpetrated by coworkers and patients throughout their careers.
- Ineffective communications are both verbal and non-verbal
- The use of profane language has become pervasive in social settings and in the nursing culture
 - Social swearing versus annoyance swearing (Stone, McMillan, & Hazelton, 2010)

During the interviews, some nurses reported:

- Impaired communication was not intentional
- May not think of it as abuse at the time
- Some nurses do not have a "good filter"
- It "takes work" not to treat childbirth as a "routine" event
- Self awareness of personal behaviors increased

Implications

Many ideas can be done to improve failing communication methods:

- Study incidence of verbal abuse in other "high stress" areas
- Study the use of profane language by healthcare workers
- Intervention study (Role Playing) to illustrate impaired communication techniques demonstrated by healthcare workers
- Communication classes

Bibliography

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Background

Disruptive, verbally abusive behavior is an issue that has a well-documented history within the healthcare setting and occurs both inter- and intra-professionally. These ineffective communication techniques are passed from one generation of nurses to the next. Over time, this cycle of verbal abuse becomes ingrained into the nursing culture, negatively affecting nursing retention and job satisfaction. Additionally, these verbally abusive behaviors if directed towards the patient, can negatively impact patient satisfaction and patient safety.

Study Purpose

What is not known from reviewing the literature is the prevalence of verbal abuse when it is directed towards patients in the obstetrical setting. This phenomenon of verbally abusive behaviors was the basis of this study. The aim was to reveal contributing factors as to if and why this phenomenon occurs

Methods/Approach

A qualitative, descriptive phenomenological study was conducted to investigate the obstetrical Registered Nurse's perception of these behaviors, to answer the question, "How does the RN perceive her role in verbally abusive behavior directed towards obstetrical patients?"

Participants were solicited within all three obstetrical departments of the institution of study (Labor and Delivery, Antepartum, and Postpartum), the perinatal listserv from the University of Buffalo, and various professional organizations on Facebook.

Data was obtained using a synchronous, online chat interview process. A written informed consent was obtained prior to beginning the interview. Results were analyzed by employing the use of memoing, coding, and clustering the data into major themes for further discussion.