

# THE “White Coat” OF SILENCE

**LET'S CONSIDER A SCENARIO**, that may or may not be hypothetical - that will be for you to decide.

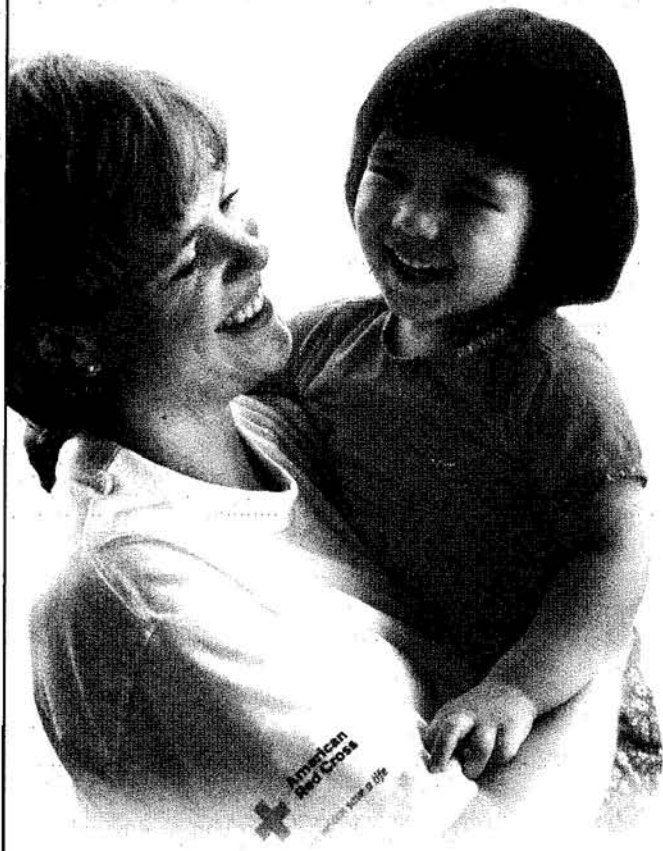
In an unnamed hospital, a newly appointed Chief Nursing Officer (CNO) is hired as a change agent, or at least that is what she is told by the hospital's Chief Executive Officer (CEO) and several Vice Presidents. As a first order of business, the CNO begins to document problem areas at the hospital. The list includes a Director of Nursing (DON) who prevaricates, especially when it comes to defining staffing needs; abandonment of duty by some nurses in the chain of command; a nurse who continues to make medication administration errors; the failure of the computerized charting system to perform as expected; and other problems of the same importance.

When verbal reports to a superior fall on deaf ears and generate responses such as “the DON is doing what she can,” the CNO decides to write a detailed memo outlining the problems and her recommendations. A copy of the CNO's report is given to the CEO and all department VP's including the CNO's direct superior. One would expect

that hospital administration would show appropriate concern for the severity of the documented deficiencies and plan for immediate corrective action. However, this is a management-impaired hospital and following the unspoken rule of “kill the messenger,” the CNO is sacrificed for failing to adhere to another unspoken rule of the hospital

By Geneviève M. Clavreul, RN, Ph.D.

## Why Not Make a Change From the Stress of Acute and Chronic Care?



As a registered nurse, the American Red Cross offers you a unique opportunity to help save people's lives by working with healthy donors at blood drives.

If you are able to work a full-time, flexible work day, we have **RN positions available in Southern California including North and South Orange County.**

**We are offering a \$5,000 sign-on bonus! (until Mar. 31st, 2005)**

Re-entry Nurses and New Graduates are encouraged to apply.



**American Red Cross**

Southern California  
Blood Services Region

Please send resumes to:  
**American Red Cross/HR/JP**  
1130 S. Vermont Ave.  
Los Angeles, CA 90006  
Attn: HR/JP

Fax: 213.637.3656  
Email: [PalmeiriJ@usa.redcross.org](mailto:PalmeiriJ@usa.redcross.org)

**Equal Opportunity Employer**

Hospitals, like police departments and other institutions, have their own codes of silence to protect against human error – no malice, no ill intent, no nefarious plan – just plain old human error.



and nursing administration, which is "bring us no bad news."

For many, the above example will have the ring of truth, because this situation exists in their hospital today, or in the past. There will be others who say their hospital would never tolerate such a practice. But the above does put a spotlight on what I have come to call the "White Coat of Silence."

Hospitals, like police departments and other institutions, have their own code of silence. This code was established to give a person some protection from the consequences of what is often just human error – no malice, no ill intent, no nefarious plan, just plain old human error. However, as in police work, there are times when the white coat of silence is extended to cover the mistakes of a person who is incompetent or unethical. When this happens, the healthcare community violates its trust with the public it serves and bad outcomes follow.

The cloak of privacy offered by quality improvement projects should not be confused with the white coat of silence. The shield of privacy is invoked to allow the hospital staff to freely and fully investigate a medical or nursing mishap or error. This shield is offered under the theory that privacy assurance will allow the nurse or doctor, without fear of retri-

bution and accusation, to discuss the mistake that occurred. This does not mean that the nurse or doctor responsible is free from consequence if an event is deemed caused by negligence or poor care.

An effective quality improvement process leads to an environment where patient rights and care are placed at the forefront without relegating the nursing and medical staff to second-class status. The white coat, on the other hand, places emphasis on protecting the nursing and medical staff first and encourages an environment where patient rights and care are not the core focus of the healthcare team.

The white coat flourishes in an environment where hospital administration, and nursing management in particular, is viewed as hostile towards good nursing practice. This insidious code creeps into a hospital as a defense against what is viewed by employees as an administration that is unresponsive and often retaliatory.

Though society may reward the whistle blower for calling attention to malfeasance, safety issues, and, in the case of nursing, poor or negligent patient care - the reality is that the administration, and in some cases the nursing team itself, does not support the nurse who is a whistle blower. It is an unfortunate occurrence within nursing, and it doesn't have to be this way.

I was having lunch with a nurse whom I had known and worked with many years ago. Catching up on old times we chatted about the numerous experiences and frustrations our many years of nursing had brought us. She shared with me an experience she had had one night many years ago at one of Los Angeles finest hospitals.

She and five other nurses, a tech, and two doctors were preparing to move a patient into surgery. The need for surgery was immediate and urgent, and as they prepared the patient one of the doctors handed her a pre-filled syringe and ordered that she administer it to the patient. Since she did not draw the medication and, therefore, did not know what was in the syringe she asked the doctor what the syringe contained. He refused to tell her, stating instead that without it the patient would suffer ill effects and that she had to administer it.

Of course she refused, and stated that the physician should administer it instead. He refused and then ordered one of the other nurses to do it. After much haranguing and brow beating one of the other nurses acquiesced and administered the injection of the mystery drug. Afterwards, she reported the occurrence to nursing service; each of the other five nurses confirmed her story and supported her complaint.

The doctor who had NOT handed the nurse the mystery syringe supported the nurses' complaint. But the tech and the mystery syringe doctor both developed amnesia. Shortly after the complaint, the six nurses began to find themselves pressured to find other employment - the white coat of silence strikes again.

A reasonable person might have thought that the doctor who insisted that the nurse administer an unidentified drug would have been the one to be made to suffer for his unprofessional and possibly dangerous actions, but of course, hospital management is not always known for reasonable behavior.



# Mortgage

*The Right Prescription for Your Home*

**Preferred Lender for Healthcare Professionals**

## Refinance-Lower your Monthly Payments

- *Zero Cost Refinances*
- *Debt Consolidation*
- *Equity Lines*

## Purchase

- *100% Purchase Loans*
- *First Time Home Buyers*

## Good and Bad Credit

## No Lending Fees for Qualified Healthcare Professionals!

## Refinancing, Buying or Selling – We can help



*Call to speak with  
a healthcare loan  
professional:*

Toll Free:

**(800) 761-1339**

Direct Line: (818)337-3266

## Come meet our Healthcare Loan Specialists at the **Nurseweek Job Fair**

March 2nd • LA Convention Center

We want to talk with you in person about  
your home ownership needs and our solutions.

DRE#01240877

# Wanted: Travel Nurses!

Nationwide Opportunities • Earn to

# \$75,000

**Nurse Owned & Operated!**

- Free Private Housing
- Completion Bonuses



## 1-800-735-6170

Or apply on-line at: [nightingalenurses.net](http://nightingalenurses.net)

### Leading the Way to a Successful Future Join a Community of Colleges

The Los Rios Community College District seeks highly skilled, innovative & motivated administrators, faculty and support staff. We offer excellent salaries/benefits. The following position is open with the final filing date as indicated:

**Nursing Assistant Professor**

**American River College**

**Closing Date: 3/3/05**

**Annual Salary: \$39,098 - \$64,821**

Applications available on-line: [www.losrios.edu](http://www.losrios.edu)

24 Hour jobline (916) 568-3011

1919 Spanos Court, Sacramento, CA 95825 EOE

### RNs • Orthopedic • Case Management

OrthoNet, the nation's leading musculoskeletal disease management company, has opportunities available in our Long Beach office for:

#### ORTHOPEDIC NURSES

Working Mon-Fri, you will telephonically manage the overall direction, treatment plan & utilization for the orthopedic patient population of several health plans in the region. Req's a min of 1 yr orthopedic clinical experience, basic computer skills a must and knowledge of the orthopedic community helpful. Excellent compensation package.



Call 800-280-8302 Ext. 2211

or fax resume to 800-844-2134

or E-mail: [pmraz@orthonet-online.com](mailto:pmraz@orthonet-online.com)

**Pat Mraz**

*Director, OrthoNet West*

### THE "White Coat" OF SILENCE

What happened to my friend and the other nurses is the byproduct of poor and weak management, not an uncommon occurrence in the hospital setting.

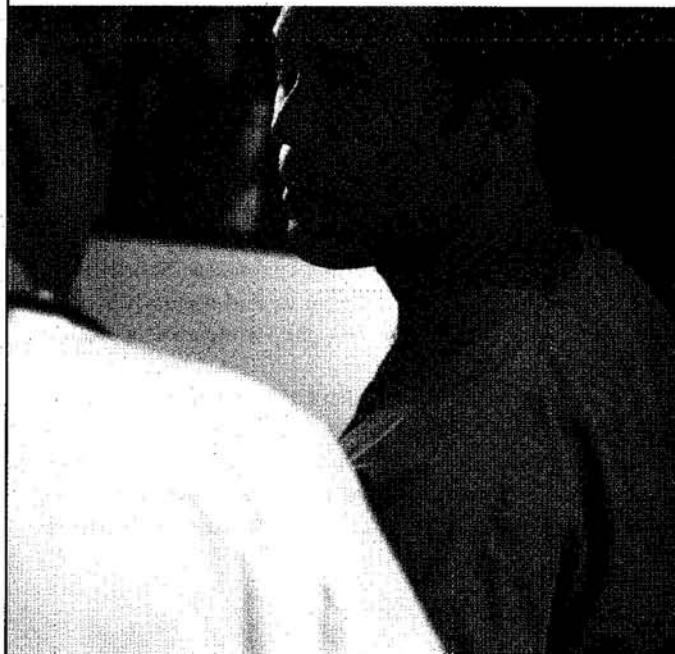
All too often a nurse who makes a complaint about another nurse or doctor is made to weigh in advance the possible repercussions to herself. Often the act of reporting their suspicions to the charge nurse or head nurse is enough to mark the nurse as a troublemaker and thus, a potential victim of the messenger syndrome. Poor managers often feel threatened by the nurse who steps forward, especially if the nurse being reported is perceived by nursing management as a hard worker

The weak manager often confuses the nurse who is willing to work any and all shifts, multiple days, fetch coffee, run errands, with being a good nurse, when in reality this nurse is usually a sycophant who is undermining the esprit de corps. A consequence of the sycophant's behavior is that the manager often rewards them for being a teacher's pet while the very real concern of the whistle blower is ignored and the whistle blower is the one who is punished. It only takes one or two negative consequences before the nursing staff gets the message. Good nurses start updating their resume or, worse, stop caring.

Does the white coat have to rule nursing practice in our hospitals? Of course not! Most nurses abhor the thought of poor nursing care being hidden, yet feel totally helpless to do anything about it for fear of losing their job or, worse yet, their license.

The white coat thrives in two environments: where there is

Reporting suspicions to the charge nurse is often enough to get marked as a troublemaker and a potential victim of the messenger syndrome.



poor or weak nursing management that does not advocate for patients and nurses, and where nurses fail to support the whistle blower.

Changing this work environment is not impossible. When nurses work together to define and enforce the highest standards of nursing practice then nursing management has little choice but to respond. They learn that nurses demand leaders to show backbone. Mediocre nurses quickly change their behavior or move on when they realize that their obsequious and sycophantic behavior is unrewarded. Floor nurses can have a dramatic effect on who the hospital administration appoints as the CNO, and ultimately on who the CNO appoints as DON, who the DON appoints as Head Nurse, and so on.

THE WHITE COAT OF SILENCE IS NURSING'S DIRTY LITTLE SECRET. It can only thrive in an environment that is permissive and unresponsive. If you know that you are working in a hospital where the "white coat of silence" is the rule and not the exception, there are some steps you can take to protect your patients and yourself.

**FIRST AND FOREMOST**, always document. Although documenting can be time consuming, it is important to create a paper trail.

**SECOND**, become thoroughly familiar with your hospital's quality improvement protocol and employee discipline process.

**THIRD**, when reporting unsafe nursing practices, sentential events, possible errors, and so on, always follow the chain of command and keep a copy of the documentation that you submitted.

**FOURTH**, if the situation worsens, or you begin getting the feeling that you are walking around with a "target on your back," give serious consideration to looking for a position in another hospital.

It may seem extreme to change jobs when confronted with the white coat but it's not. If you are working in a hospital where the norm is to ignore real and valid concerns about safe nursing practice and good patient care you cannot personally solve a system-wide problem. What you can do, however, is to provide the documentation that administration was informed, but that they chose to remain ignorant of the problems. Why? Because when the hospital suffers an event big enough - if it tolerates a white code of silence, it eventually will - then it won't be able to hide its practices.

Then your documentation can be used to instigate change. **WN**



*Geneviève M. Clavreul is a health care management consultant. She is an RN and has experience as a director of nursing and as a teacher of nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA; gmc@solutionsoutsidethebox.net; 626-844-7812.*

**THIS ARTICLE IS ARCHIVED ONLINE.**  
Go to [WorkingWorld.com](http://WorkingWorld.com) and click on Nursing Articles



**ValleyCare Olive View-**  
**UCLA Medical Center & Health Centers**

*People First • Quality Always*

## **WANTED: Psychiatric-Mental Health RNs and LVNs!**

Psychiatric-Mental Health Nursing is an exciting, challenging, dynamic field.

Join your colleagues and become a valued member of the multidisciplinary treatment team working in our 32-bed acute adult inpatient unit or the fast paced Psychiatric Emergency Room. ValleyCare Olive View-UCLA Medical Center has immediate openings for Psychiatric-Mental Health Nurses. Experience preferred but not required.

If you're interested in a career change or are an undecided new graduate, consider Mental Health Nursing. An individualized orientation program awaits you!

Other employment opportunities include Staff Nurse-Med/Surg., Emergency Medicine, ICU, NICU, Interim Permittee, Nursing and Student Worker, Nursing

For additional information, contact the Nurse Recruitment/Retention Office at:

**(818) 364-3317**

*Come for the View*



*Stay with the View*