Jordan Babando

"*He [the patient] suddenly saw me as something different, something threatening. In his eyes I was some kind of monster or devil. I was lucky to be unconscious with the first blow so that I didn't have to feel what he did to me over the next few minutes." ~ Hospital Nurse N (Personal ethnographic notes, 2017)*

The mental health unit (MHU) has been the most unsettling area of the hospital that I have visited. I best compare its uncomfortable environment to that of a prison. The area was surrounded with surveillance cameras, electronic locking systems on every door, and a common area and lunch room that also gave off a prison like vibe. Patients roamed the halls with polar extremes, either energetic or tired, overtly emotional or numb, chatty or quiet. The nurse's station and patient areas are separated by shatterproof glass, with a speaker overhead that allow staff to hear what is going on in the patient areas. The speakers were very distracting to me, although I was told that staff eventually get used to it and don't notice it after a while. The emotions in this area were best foreshadowed by a computer screen saver that read "Be brave, even if you're not, pretend to be".

Nurses in the MHU maintain a sense of fear, an emotion that has created an environment of unease, mistrust and paranoia. The opening quote from nurse N illustrates the horrors that nurses encounter while working in the MHU, especially in the acute patient care section. The general care section is a more open environment where patients are pleasant and nonthreatening, whereas the acute patient care is an isolated area of MHU for the more violent, dangerous and complicated mental health problems. These patients can be harmful to both healthcare workers and themselves, although once they are brought back to a comfortable and calm state they are integrated into general care. While in acute care, the mood of these patients can change at any time and without any obvious trigger or indication, and so a single slip in a nurse's attention towards a patient can lead to drastic consequences. In the case of nurse N, with only a blink of an eye a relatively pleasant interaction with a patient turned dark and violent. Nurse N explained that it took too long for security to arrive and restrain the patient, by which time she was unconscious and had numerous injuries such as a fractured orbital and a lacerated lip. Sadly, this was not a rare and isolated incident as events such as this are disturbingly a regular part of the job in the acute care section of the MHU.

Nurse T shared a similar dark experience to that of nurse N. Nurse T had recently returned from being off for months due to being hospitalized by one of his patients. After months of recovery, and counselling sessions he returned to his former role without having a complete sense of his former

self. Nurse T informed me that he was no longer the confident and happy person he used to be, instead anxiety, PTSD and fear gripped him. The dark and fearful environment of the MHU eventually consumes you is what I've been told. There were shared experiences here that had become normalized within the culture of the ward, while being hidden and improperly recognized by the administration. I began to wonder what consequences and culture does such a neglected and dark healthcare practice present?

The acute patient care of MHU has become a place where fear has created an environment of paranoia, and dark humor has become its coping mechanism. Nurse's have openly expressed their fears and past stories of abuse and neglect with one another, although they do so in a manner that is sarcastic and disturbingly humorous. In wondering what drives nurses to discuss their violent experiences with laughter and sarcasm I suggest that the poor response of administration has created such a culture. Nurse T and N for example have both informed me that the debrief to their violent experiences involved questions such as "what did you do that provoked the patient?", and "how can you do your work differently next time as to not let this happen again?". The mistrust in management has led to a paranoid culture where all computer cameras have been blocked by stickers, and outsiders like myself are met with skepticism and disdain out of fears of being spied on by the administration. There were reports of administration placing cameras in non-patient areas, where healthcare workers are surveilled, and an incident where a nurse was unknowingly watched while changing cloths. Following the patient attacks on Nurse T and N, there was little done by administration to safely transition them back into their roles or to ease their anxieties. Upon nurse T's return, he was placed in the same section as the patient who hospitalized him, and nurse N was told that patient violence towards nurses is an expected part of their job and if she can't handle it then she never should have applied to work there.

It is not my goal as a sociological researcher to air out the dirty laundry of various hospital wards. Instead I try my best to accomplish two things: praxis, which is research that has a goal of creating meaningful change for those I study through an uncovering of hidden and neglected issues (Marx, 1845); and the sociological imagination, which is the goal of translating personal troubles in public issues (Mills, 1959). I therefore use the above accounts to expose the truth and uncover the hidden, because once issues are revealed then they can no longer be ignored. Furthermore, if events are normalized or seen as isolated situations then the fault will always be left to the individual. Although, if I demonstrate how such experiences are common and shared then it further illustrates how the causes are not within the individual event but in the organization and culture of the ward itself.

There is so much to discuss in my limited writing, and so a concise conclusion will have to wait until the final submission of this series. For now, this brief narrative offers another glimpse into the lives of our superheroes in healthcare, to illustrate that even they encounter emotions and trauma. Again, we must recognize that healthcare workers are not superhuman, and that they, like their patients, require care. Patient care and the trauma of patients is all too visible, although healthcare workers suffer in silence from the failure of others to see their trauma, their pain, and their need to

be cared for. Through my research I have seen it, felt it, and continue to be haunted by my lingering experience within the MHU.

Marx, K. (1845). *Theses on Feuerbach*. In Simon, L (Eds). Karl Marx: selected writings. Indianapolis, IN: Hackett Publishing Company Inc. (pp. 98-101)

Mills, C. Wright (1959). *The sociological imagination*. New York, NY: Oxford University Press