Mental Illness Myths

“Mental Illness and Violence” (Mental Health Matters, January), by Donna Sabella, serves as a good reminder that being mentally ill does not equate to being violent.

I interact regularly with mentally ill patients. My father runs a group home and has many adult clients under his supervision, none of whom are violent. In addition, a close friend has been diagnosed with paranoid schizophrenia and bipolar disorder. Regularly, I must educate family members about her condition, because their assumptions reflect the public phobia described in this article.

I’ve observed this same reaction while working as a nurse. Although I’ve never questioned my own safety, I’m often concerned that others’ assumptions about mentally ill patients will inadvertently hurt them. These patients deserve our protection and respect, not our ill-advised judgment.

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RN Staffing

Better staffing is needed to solve salient problems in health care (“It All Comes Back to Staffing,” Editorial, February). We can’t hope to retain the best and the brightest nurses without putting in place measures that support them.

Yet nurses have taken a backseat in appreciating ourselves. In so many areas and in so many issues, we are second-class citizens. We are the most trusted profession yet the most vulnerable. We are the unsung heroes of health care. We are 3 million weak! We care for the patient. We care for the families. But who cares for or about us?

I don’t think the hours nurses work are nearly as contentious as the acuity of patient care. Nurses have always been expected to pick up the slack, usually to their own detriment. We have been doing more with less since the days of Florence Nightingale and the Crimean War.

We’ve developed evidence-based strategies to improve our work environment, yet government agencies, administrators, and even nurses refrain from implementing these changes. Policies, politics, and economics take a front seat in determining health care delivery practices instead of those who provide the care.

Without appropriate staffing, we’ll continue to see more than 98,000 unnecessary deaths annually, as detailed in the Institute of Medicine’s 1999 report, To Err Is Human: Building a Safer Health System. Institutions of health care and advanced education, government agencies, and other health service providers must be accountable for the consequences of the policies they endorse. No longer can the sole responsibility fall at the feet of nursing.

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On Writing

It was with great interest and, unfortunately, agreement that I read Maureen Shawn Kennedy’s “Getting Writing Right” (Editorial, March). I’m a nurse and a former high school English teacher and college composition and writing professor (and an AJN contributing editor). I’ve taught in a variety of academic disciplines, working with students and faculty from diverse backgrounds, and nurses are the worst writers I’ve encountered, even at the graduate and faculty levels.

While Kennedy writes of receiving an increasing number of unpublishable papers, the problem begins well before a manuscript reaches her desk. I cannot count the times I’ve received course papers that were almost unintelligible and in which the student couldn’t construct a simple, declarative sentence. These papers often lack cohesiveness, organization, and adequate content. Historically they’ve been of such poor quality that now, when assigning a paper, I make it very clear what needs to be included and how I want it organized. At times, I feel like I’m practically writing the paper myself.

I’m reminded of one experience in which a student’s papers were stellar but he couldn’t construct a coherent response on the discussion board in our classroom. Something was wrong. Further examination revealed that his papers were stellar because they were plagiarized. I was disheartened to see that in prior courses, some of which involved writing, he had received As from other faculty.

Unfortunately, faculty members often need to improve their own writing skills. Several nurses I worked with wanted to publish together, but when they showed me samples of their writing, I turned down their offer. Their writing was an embarrassment, especially for those at the PhD level. And while I know e-mails represent informal communication among colleagues, recently I’ve been copied on e-mails that are completely incomprehensible—with no verbs, punctuation, or clarification about the topic of the e-mail.

While a poor writer can still be an excellent nurse, being able to write well is a sign of a good education. We already confront enough obstacles regarding our rightful place as competent clinicians, leaders, and professionals—we don’t need to sabotage ourselves further by not writing well. I would love to see more attention paid to this important skill in all nursing programs, so we can share with each other the joy of a well-crafted sentence and well-written paper.

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