

Let Me Call You Sweetheart

It strikes me that a sneaky sort of identity theft is running rampant in hospitals these days. I have experienced it firsthand during occasional emergency room encounters and my own recent hospitalization. Healthcare workers have taken with too great a frequency to calling adult patients everything from “sweetie” to “sweetheart” to “honey.” One nurse actually called me “baby.” This trend is demeaning and disrespectful, and we need to remind ourselves of that on a continuing basis and work hard to overcome the bad habit.

Interestingly, nurses and nursing personnel seem to be the worst offenders. I certainly did not notice it from doctors. Even the dietary personnel seemed to have time to pay attention and learn my actual name. But RNs, licensed vocational nurses, and nursing assistants consistently used those familiar terms when addressing me. Gender did not seem to affect the practice; men as well as women used the nicknames almost exclusively.

I remember objecting to one nurse who insisted on calling me “honey.” “Well,” she replied, “I don’t know your name.” That sort of excuse is one a waitress might use. Hospital personnel should be held to a higher standard. I surmised that they simply were taking the easy way out. Regardless, the practice is unsettling.

Some people, I suppose, find this sort of familiarity endearing. I am not one

of them and often object, something that embarrasses my children greatly. But unless we voice our displeasure, the name-calling likely will continue. Modeling correct behavior may go a long way in showing coworkers a better way to interact with patients, but that takes concentrated effort until it becomes second nature.

A related but slightly different problem I encountered made me wonder

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how much thought nursing personnel are employing in certain situations. At one point, I was in reverse isolation. Everyone who came into the room wore a gown and a mask. The doctors always introduced themselves, but the nurses just seemed to assume that I recognized them. One seemed offended that I did not know who she was because she had introduced herself the evening before. Recognizing someone wearing a mask is almost impossible. Add to the mix that a patient may be seriously ill, and recognition can come slowly—if at all. I found

myself wondering whether nurses who work in situations such as this on a regular basis (e.g., bone marrow transplantation units) are sensitive to the problem or just assume, as my nurses did, that patients know them by their voices or body sizes. Even labels with their first names would have been a welcome aid. Does anyone take the time to help their patients in this way?

I suppose some nurses object that patients make no effort to address us by name either. The universal label “nurse” often is used to refer to us as a homogeneous group with little individuality. Most of the time, that is our own fault. Do we take the time to introduce ourselves properly when we interact with patients? Is writing our names on those ever-present white boards supposed to take the place of connecting with our patients in a face-to-face, real-time way?

When a patient objects to being called “sweetheart,” do we take offense—or apologize and acknowledge that we will do better? The next time you interact with a patient and are wearing a mask, will you take the time to ensure that the patient knows exactly who you are? These seem to be small concessions. From “the other end of the stethoscope,” let me say that they likely would be appreciated.

Rose Mary Carroll-Johnson, MN, RN, can be reached at ONFEditor@ons.org.

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