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THE MOST TRUSTED PROFESSION: THE DARK SIDE OF NURSING

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THE PROBLEM

- News accounts, empirical and theoretical professional literature, and books (Buehler et al., 1985; Forrest, 1994; Linedecker & Burt, 1990; Ramsland, 2007): healthcare providers tried and often convicted of murdering patients.
- Sensational news reports: details in stories on patients, families, convicted felons, accused healthcare providers, and staff involved in these horrendous situations.
- Reports: some convicted murderers nurse serial killers (Harrison, 2008).
- Professional caregivers may be caring for patients alongside such nurses.

THE PROBLEM

- Administrative reviews of candidates' references for nursing staff positions considered ineffective for screening out such nurses (Becker, 2003).
- Vulnerability of patients highlighted (Rothman, 1985) due to acute and chronic illness and reliance on professional and lay caregivers.
- Healthcare providers responsible to care for vulnerable of society across spectrums of age and condition.
- Nurses have earned society's trust.
- Nurses must be vigilant in identifying all potentially harmful practices of colleagues, who may physically or emotionally harm patients or even kill them

PURPOSE OF STUDY

- Descriptive, qualitative study: to describe personality and behavioral indicators of nurses who murdered, reported in news accounts, lay publications, court records, and empirical and theoretical literature, and characteristics of murder events.
- Cautionary indicators of murder and personality types of accused murderers may be difficult to confirm; important to alert staff to possibility that nursing staff may harm patients.
- Necessary to identify indicators of murder among nursing staff.

QUESTIONS

- What are personality and behavioral indicators found among nurses who have murdered patients, described in news accounts, popular press publications, court records, and empirical and theoretical professional literature?
- What are characteristics of murder events depicted in accounts of nurses who murdered or were accused of murdering their patients?
 - Indicator of potential murdering behavior and personality is action or quality nurses demonstrate that suggests intent to murder.
- Combining indicators or behaviors into checklist: might assist providers in identifying co-workers with potential for harming or even killing patients.
- Analysis: pattern of common signs in situations where patients were being intentionally harmed by nurse or other caregiver?

METHOD

- Design: descriptive, qualitative study to explore and identify indicators of potential murdering personality and behavioral indicators of nurses who killed or were accused of killing patients cared for in various settings. Characteristics of murder events also examined.
 - A deductive content analysis method was used.
 - Checklist induced.
 - Checklist induced. Exemplars of murderers and nursing staff accused of murders located in documents ($N = 157$) reviewed to discover personality and behavioral indicators manifested by nurses who killed patients or were accused of killing patients and characteristics of murder events. Checklist generated based on comparison with Red Flags identified by Ramsland (2007).

METHOD

- Sample: RNs, LPNs/LVNs, and NAs charged with murdering patients and named in murder events
 - Case: unit of analysis; case defined initially as one accused nurse; three cases included co-offenders. Literature providing case descriptions cited as data sources for sample in coding matrix.
 - Demographic characteristics of nurses and crime scenes identified. Personality and behavioral characteristics of nursing staff accused of murder and that might indicate potential to harm patients coded. Changes in patients' status and their deaths prompted analysis.

INSTRUMENTATION: DEDUCTIVE CODING SCHEME

- Microsoft Word® matrix, qualitative analysis; column headings = deductive coding scheme for characteristics of cases and murders based on previous research
 - Each murderer's or accused nurse's name, specific citations, victim types, crime scenes, murder weapons/methods/poisons, personality indicators/DSM (Diagnostic and Statistical Manual of Mental Disorders)/pathological personalities
 - Motives
 - M1-thrill (excitement lust), M2-attention seeking (e.g., super nurse, center of attention), M3-sexual gratification; M4-power/dominance, M5-pleasure killing (hedonistic); M6-revenge; M7-retaliation; M8-killing for greater good society; end suffering; M9 –financial; M10-pity
 - Suspicious and antisocial behavior, socio-demographic attributes, other crimes, and countries.
- Codes entered into columns per case represent first-level coding processes. Full references cited at end of matrix.

SAMPLE

- Registered Nurse (n = 37, 61.7%); Licensed Practical/Vocational Nurse (n = 5, 8.3%); Nursing Assistant/Nurse's Aide (n = 19, 30.0%)
- Gender: Female (n = 39, 63.3%); Male (n = 22, 36.7%)
- Country: United States (n = 34, 55.7%); United Kingdom (n = 7, 11.4%); Germany (n = 4; 6.5%); Austria (n = 4, 6.5%); Italy (n = 2; 3.2%); Canada (n = 2; 3.2%); Hungary, Norway, Egypt, Japan, Netherlands (n = 8, 13.1%); Switzerland, Brazil, France (n = 1 each, 1.6%)

SAMPLE

- Psychiatric Disorders or Indicators ($n = 14$)

Hospitalized for Psychiatric Disorder ($n = 7$); Münchausen Syndrome ($n = 2$);
Dissociative Identity Disorder ($n = 2$);

Suicide attempt $n = 2$; Depression $n = 2$; Borderline Personality Disorder $n = 2$; Self-injurer $n = 2$;

Personality Disorder ($n = 1$); Münchausen Syndrome by Proxy ($n = 1$); Anorexia ($n = 1$); Bipolar ($n = 1$);

Multiple Personality ($n = 1$); Disorder ($n = 1$); Schizophrenia ($n = 1$); Drug abuse ($n = 1$)

- Previous Crimes ($n = 9$): Credit card theft-fraudulent use of credit card; prescribed medication; prescribed triple dose of medication; stabbing; administered narcotic not ordered; forgery and embezzlement; burglary; theft; assault

SAMPLE: MOTIVE TYPES

- M1-thrill (excitement lust) n = 11
- M2-attention seeking (e.g., super nurse, center of attention) n = 11
- M3-sexual gratification n = 2
- M4-power/dominance n = 19
- M5-pleasure killing (hedonistic) n = 10
- M6-revenge n = 3
- M7-retaliation n = 4
- M8-killing for greater good society, end suffering n = 11
- M9-financial n = 5
- M10-pity n = 3

CHARACTERISTICS OF MURDERS

- Number of Murders (M = 13.79; SD = 25.11; Range = 1-131)
- Victim Types: Older patients or long-term care residents n = 30; Adults n = 17; Terminally ill and/or critically adult patients n = 6; Children n = 6
- Crime Scenes: Hospitals, unit not specified n = 18; Hospitals, ICU or CCUs n = 7; Hospitals, clinic n = 2; Nursing homes or long-term care agencies n = 15; Homes n = 5; Pediatric settings (clinic, PICU, or unit) n = 3; Dialysis unit n = 1

CHARACTERISTICS OF MURDERS

- Cause of Death
 - Poisons (single or combination); most frequent: medications
 - Asphyxiation: Choking after food forced (e.g., bagel); Suffocated by pillow, washcloth, towel, plastic bag, cloth; Strangulation; Drowning
 - Air bubbles, air embolus intravenously
 - Assault: Stabbed with knife, beaten in face with brass knuckles, kicked, stomped, coat hanger in urinary catheter
- Counts varied greatly in data sources; estimates of murders and alleged number of murders would dramatically increase the frequency. Victim categories not mutually exclusive; some killers murdered different types of persons. Crime scenes varied, since killers practiced in different sites with patients requiring different levels of care.

RED FLAGS FOR NURSING STAFF CONVICTED OF OR ACCUSED OF KILLING PATIENTS

■ Statistical Patterns

- *Increased Number of Patients' Deaths, Unexpected Deaths and Emergency Situations*
- *Unexpected Changes in Patients' Conditions*
- *Changes in Medication Patterns*
- *Drug Tampering or Missing Drugs*

■ Nursing Staff Patterns

- *Suspicious Work Behaviors*
- *Made Peculiar Statements*
- *Fascination with Suffering and Death*
- *Excited by Crises*
- *Psychiatric Diagnoses and Other Mental Health Problems*
- *Accused or Convicted of Crimes*

RED FLAGS FOR NURSING STAFF CONVICTED OF OR ACCUSED OF KILLING PATIENTS

- Evidence Patterns
 - *Evidence of Wrongdoing Arouses Suspicion*
 - *Evidence Supports Allegations*
- Work Patterns
 - *Performance Problems at Work*
 - *Exceeds Scope of Practice for License or Certificate*
 - *Suspicious Employment Patterns*
 - *Disciplinary Problems at Work*
 - *Co-worker Reports of Positive and Negative Characteristics*