

Instead of recognizing a problem and trying to find a solution, we often, in Eric Berne's terms, play games. Here are some games played by nurses who work in hospitals.

GAMES NURSES PLAY

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*The late DR. BERNE, author of *Games People Play*, was a founder of the International Transactional Analysis Association. The work for this article was supported by a research grant (A-1) from that association.*

Games people play are those "complementary ulterior transactions" that justify problems rather than solve them and progress to well-defined and predictable outcomes. In *Games People Play*, a game is described as "a recurring set of transactions, often repetitious, superficially plausible, with concealed motivation; or, more colloquially, a series of moves with a snare, or "gimmick"(1).

The purpose of these ulterior transactions is to get a payoff which justifies feeling a certain way toward another person by maneuvering or manipulating him into producing certain desired responses. The games described in this paper are those which were observed in a variety of nursing situations in hospitals in the East, West, and South.

The nurse's position in the hospital environment, as well as the nature of the services that hospitals offer, contributes to involving nurses in transactional games-games also played by patients and doctors.

The person who plays games may be innocent in the sense that he is not consciously aware of his motives. An example of a patient's manipulation of a nurse illustrates such "innocence" and some of the maneuvers of a game:

Mr. B. was fearful about his condition. He was clearly agitated and unable to sleep. In the evening, he assured the nurse several times that he would soon go to bed. Finally, she told him that if he didn't go to bed she would have to call the doctor. His immediate reply was, "How can I rest around here with people threatening me all the time?"

Mr. B. had manipulated the nurse into threatening him so that he could use her behavior to justify his fear. This game, based on his position that "no competent person would treat me this way," or "Now I Got You, You Nasty Nurse," illustrates the three possible roles a player can take in any game: *victim*, *rescuer*, and *persecutor*. (In this game, the players rotate, or switch, clockwise: *victim* becomes *persecutor* and *rescuer* becomes *victim*.) At first, Mr. B. is the *victim* of his own fear. By not taking care of his need for rest, the nurse must play *rescuer* and take care of it for him. Then he switches to *persecutor* and makes her his *victim*. She is an inadequate nurse and needs the doctor as much or more than he. (Role and role switches are graphically represented in the "Karpman Drama Triangle"(2).)

This example has all three of the elements which define a game: a chain of transactions with an ulterior motive, a switch in role position, and a payoff. These criteria differentiate a game from a series of straight transactions with no ulterior motive.

Games can be classified in three degrees. A first degree game is one that is socially acceptable in the agent's circle (as in the example above). A second degree game results in no permanent damage, but the players would rather conceal it from the public. A third degree game is one that is played for keeps and ends in the operating room, courtroom, or morgue (3).

One game in nursing is called "Mine is Bigger than Yours." This game is popular among diploma, associate degree, baccalaureate degree, and continuation program nurses. The

argument centers on whose pedigree is better or best, and who, therefore, is justified in getting more pay, getting promoted, or not having to do dirty work. It is prevalent in nursing organization policy-making decisions. "Mine Is Bigger Than Yours" is also played when jockeying for the *rescuer* position.

The game position of nurses with regard to the doctor focuses on the word "handmaiden." This can be defined in two ways. One interpretation says handmaiden means helper, which gives sanction to the nurse being in the *rescuer* position; the other says handmaiden means servant or attendant, which sanctions the nurse taking the *victim* position and seeing the doctor in *persecutor* position. The word handmaiden also explains the nurse's position as *rescuer* in relation to the patient as *victim*.

One prevalent administrative policy maintains that the needs of the patient should dictate how time is structured by and for the nursing staff. This policy or philosophy is obviously in direct opposition to the one that purports nurses to be doctors' attendants or servants. If a nurse expresses loyalty to either concept, she is likely to be persecuted by people loyal to the other.

Since patients are admitted to the hospital because of some physical ailment which requires professional help, they are usually seen as *victim* on admission, and all staff members are seen as *rescuers*. Games begin when members of the helping professions—doctors, nurses, social workers, clergy, physical and occupational therapists start jockeying for the position of *rescuer*. Maneuvers are probably the result of the injunction that "only one person should be in charge of the care of the patient." Since a physician has more authority than a nurse, he almost always wins the *rescuer* slot if he wants it. If he does not win gracefully, the nurse may then persecute him, making the physician the new *victim*.

The organizational structure of the hospital promotes games played by nurses (4). Conventional diagrams of hospital authority are similar to that shown below, left. Such official hospital organizational charts show staff nurses as having only one boss: their direct superior, the head nurse. In actual practice, however, a staff nurse takes orders from the head nurse, the supervisor, and the head of the department of nursing education. In addition, she must work according to the hospital rules in the policy manual, which are sometimes outdated and contradict actual practice. She must also take orders for patient care from the hierarchy of doctors: intern, resident, senior resident, chief resident, attending physician, and various consulting physicians. It is the staff nurse who must then resolve conflicts between the orders of one doctor and the wishes of another. Little assistance is available to her from her superiors in the nursing department, for the director of nursing takes orders from the administrator as well as the head of the department of medicine. Thus, an order which passes down to a staff nurse may conflict with the wishes or orders of one or the other or both. The organizational structure as it actually works would then be drawn similar to the diagram below, right.

Two games are especially common because of these multiple lines of authority; "Let's You and Him Fight," and "Corner" (or "Damned if You Do, Damned if You Don't").

The game "Let's You and Him Fight" is often initiated by nurses who are caught in the middle of conflicting orders from two doctors "in charge." For example, one nurse became angry when she decided that neither doctor would accept her recommendations for the patient's care. She then used her unique position (caught in the middle) to escalate their problem: she refused to carry out either doctor's order and inferred to each that she was helpless to do otherwise because of the other doctor's obstinate demands. Her consistent refusals to cooperate with either set up the game. Much to her satisfaction, they did fight, moving the nurse from the position of *victim* to *persecutor*, with the doctors as the new *victims*. She justified not finishing her work by telling her replacement there was "too much confusion and fighting going on."

Another nurse, tired from her tour of duty, was placed in a similar predicament because of conflicting orders from two doctors. Instead of thinking about possible solutions, she got a "terrible headache" and called the supervisor to send a relief nurse. It was only after the relief nurse had solved the problem by asking the doctors to reach an agreement together and inform her of their decision, that the first nurse realized she had set up a game of "Corner." She had assumed that the situation was a double-bind (no matter what I do, I'm wrong) and her only "out" was getting sick with its attractive payoff: one free go-home-to-sleep.

The incidence of both of these games, "Let's You and Him Fight," and "Corner," increased

dramatically when the surgeons at one hospital decided that an added duty of the scrub nurses would be to close surgical incisions. The director of nursing contradicted the order and told the nurses that this was not to be a nursing function. Caught in the conflict, the scrub nurses frequently quarreled with doctors or went home sick. The dispute was settled when a decision was made that the doctors could not change nursing policy, but could only recommend to the nursing department.

"Kick Me" is a game played to justify depression by manipulating other people into saying or inferring "You're no good" or "You are inadequate." The game reinforces the player's "I'm not OK; you're OK" life position. This game was played by Nurse Tremble who had been assigned to a postoperative ward. She was an excellent and responsible nurse, except that she began to be forgetful about giving medications for pain when patients requested them. Instead of solving

the problem by writing down a request when she received it, she looked up the time of the last dose, went to the patient's bedside to tell him when he could have the medication, and then promptly forgot about it. Sometimes she had to be reminded three or four times for one request. Innumerable complaints (kicks) were received, and the supervisor had to transfer her back to her old assignment on the medical ward. Nurse Tremble justified her depression by saying the transfer indicated she was inadequate because of her problem of forgetting to give medications. In fact, she was transferred for continuing to use behavior which was inadequate to solve the problem.

"If It Weren't for You" ("Your Incompetence") was played when a patient, whose condition was improving, suddenly worsened for no immediately obvious reason. Staff members were afraid they had allowed him to increase his activity too rapidly. Instead of gathering the information necessary to answer that question, they started criticizing each other in an attempt to pass the blame. When another patient with the same diagnosis was kept in bed for some time after his condition had improved, staff members criticized each other again. When the game was "called," they solved the problem by meeting together to establish reasonable guidelines for determining activity levels for similarly diagnosed patients.

The inverse of this game is "If It Weren't for Me." ("My Competence"). It is a favorite with old time, old fashioned nurses such as Nurse Handy. She'd been at the hospital for 25 years and was as much a part of it as the gift shop. She was always called on to answer questions about unusual situations. She was, for instance, the one who could recall the procedure for discharging a patient who was under age and had no legal guardian because, "there was another case like that back 10 years ago." She knew where the caffeine sodium benzoate injectable was kept in the pharmacy because she used to run the pharmacy before they hired a pharmacist on call. She was a walking reference library about the particulars of the hospital. She was always glad to help, especially recent graduates, such as Nurse Mode.

On the surface, this arrangement seemed a pleasant mutual admiration society, which worked to the benefit of the nurses and the hospital. But Nurse Handy feared that her younger counterpart would usurp her position.

When Nurse Mode was assigned to duty in the old wing of the hospital, she needed to give a patient intermittent positive pressure breathing with a Bennet respirator. Usually such a procedure was routine, but Nurse Mode discovered that the old wing had no wall oxygen. Luckily, her trusted friend, Nurse Handy, was only a telephone call away. Much to everyone's pleasure, Nurse Handy brought the tank to the floor, hooked up the machine, and finished the treatment. Nurse Handy had successfully maintained her indispensable position-"If It Weren't for Me"-by not telling Nurse Mode how to do it herself, so she would have to be called again.

If there is one game common to nurses in the way "I'm Only Trying to Help You" is common to social workers, it is the game "Blemish." According to the game description in *Games People Play*, "Blemish" players justify not solving problems by proving that others' problems are worse. Their position is, "I'm OK as long as they're not OK." "Blemish" players do not feel comfortable with a new person until they have found his blemish. It is not unusual to hear nurses say, "I have a hard time meeting new people, but I take to patients." One reason is that each new patient is admitted with his blemish pre-diagnosed and written on his chart. Good players often enjoy the chance to guess the blemish when a patient is admitted with only a provisional diagnosis.

Psycho-dynamically, this game usually is based on sexual insecurity, and its aim is reassurance. Transactionally, there is morbid curiosity and watchfulness, sometimes with

Adult concern masking the Child's relish. Its advantages are that it wards off depression and avoids intimacy, which might expose the player's own blemishes (5). The often heard remark, "nurses have inferiority complexes," translated into transactional terms, means "I'm no good," the Child position of the "Blemish" player.

One of the most distressing games I (P.L.) observed occurred when a Mrs. X. was admitted to the obstetric ward with a diagnosis of threatened abortion. She was bleeding, but had not yet miscarried. She was hysterical, and cried, "Save my baby! Save my baby!" The doctor instructed the nurse to prepare the woman for examination, but to tell her nothing about her condition because she was too upset. During the examination, the doctor calmed Mrs. X. by telling her that if she stopped being so upset, perhaps she wouldn't lose the baby. Meanwhile he performed an abortion and left. The nurse had been hooked into playing "Let's Pull a Fast One On the Patient." When the switch occurred, she was left holding the bag. The patient later reported that she had been hysterical because she didn't know what was going to happen. Responding to a subsequent inquiry, the obstetric department justified its policy of not telling a patient she was undergoing abortion "because they get too upset." Thus every resident during his training was taught the game, "Let's Pull a Fast One on Patients."

A game popular with some doctors and nurses on obstetric wards is "Now I've Got You, You Son of a Bitch." (abbreviated NIGYSOB.) The player's position is that the release of stored-up anger is justified on those who lose control. In the obstetric situation a *persecutor* can easily escalate potential *victims* into losing control simply by leaving them alone and telling them nothing. The Parental prejudices of the staff have their day when the woman in labor is unmarried, is a pregnant teen-ager, or is having her tenth child. When the pain becomes more intense, the NIGYSOB player makes the move, "You should have thought about this nine months ago when you were having your fling." Or "You think the pain's bad now, just wait . . ." with the reminder that she cannot have medication for pain.

"Now She Tells Me" (a variant of NIGYSOB) is a game used against doctors who become cautious about letting nurses do things for their patients. The doctors usually are those who are unsure of themselves and, therefore, not sure of others. One such doctor wrote the following postoperative orders: "1. Measure output ACCURATELY and RECORD PLEASE. 2. Cough patient PLEASE. 3. Do NOT under any circumstances change dressing-this will be done by medical staff. 4. Nothing by mouth until conscious." Naturally, the nurse was irritated by the attitude these notes implied.

Later that week, the doctor said to the nurse, "I wonder why the patient's developing a fever five days post-op. His recovery seemed to be going so well. His lungs are clear and his urine is normal. What could be causing that fever?"

The nurse replied "I don't know. We've coughed him every two hours and pushed fluids. Maybe it's his dressing. It hasn't been changed since surgery, and it's been soaked since he came back from the recovery room." There was no recourse for the doctor. He had asked, she told him, and he was the one who had ordered her not to change the dressing. And tucked into the chart was the nurse's daily note, "Dressing intact and wet."

"Harried" is a game played when situations are complicated. The aim is to make the situation even more complicated so that a person feels justified in giving up. "Harried Midwife" is so named because I (P.L.) first observed the game on an obstetric floor, but it has its counterpart in other clinical settings. The game is aided by institutional needs, since it is a rare hospital unit that has the staff adequate in numbers these days.

In the situation I observed, the harried nurse sent her only nurse's aide to lunch when three deliveries were pending. Instead of using a methodical approach, she went running about checking a pulse here, a chart there, a dilatation here, and an I.V. there, so she never was caught up with the work. She lost her pen and couldn't "chart" until she found it. She answered the telephone and lost the message. She was so busy setting up the delivery room, she forgot to notify the doctor of the impending delivery. The baby, which arrived in the labor room, was considered contaminated, and could not be discharged to the newborn nursery. After the chaos had died down, the nurse felt justified in doing almost no work for the rest of the day.

The game "Archaeology" (digging up old psychological artifacts from childhood) is

currently being encouraged as one that is legitimate for student nurses to learn because "knowing about a patient's early life will help one be a better nurse." This "procedure" became clearly delineated as a game when it was sanctioned for handling patients who were seriously ill or were diagnosed as having a terminal illness. The nurses apparently were more comfortable dealing with the patient's "psychologic ancient history" than with his feelings about his present situation. They justified not dealing with present feelings by finding problems in childhood which, in their opinion, needed working through first.

"Crypts of Morgagni" is a game named after that portion of the gastrointestinal tract in which certain fundamentals of nursing are stored. This game can be suspected when the nurse says, "A 47-year-old employed white male was admitted at 3:10 P.M. with a diagnosis of tachycardia, mediated through a cardiac pacemaker, probably resulting from a myocardial infarction secondary to coronary atherosclerosis," instead of, "Mr. Smith, age 47, had a heart attack." Her statements are designed to obscure the facts, justifying the player's position, "I'm so intelligent that they can't understand me."

"Buzz Off, Buster" can be suspected when a nurse encourages a patient to expose his feelings and, then, when he does, she gives him an analgesic or sedative because she feels inadequate to do otherwise. She advertises that her nursing decision is justified because he was disturbing others and she has to keep him quiet, which effectively gets rid of him for her tour of duty.

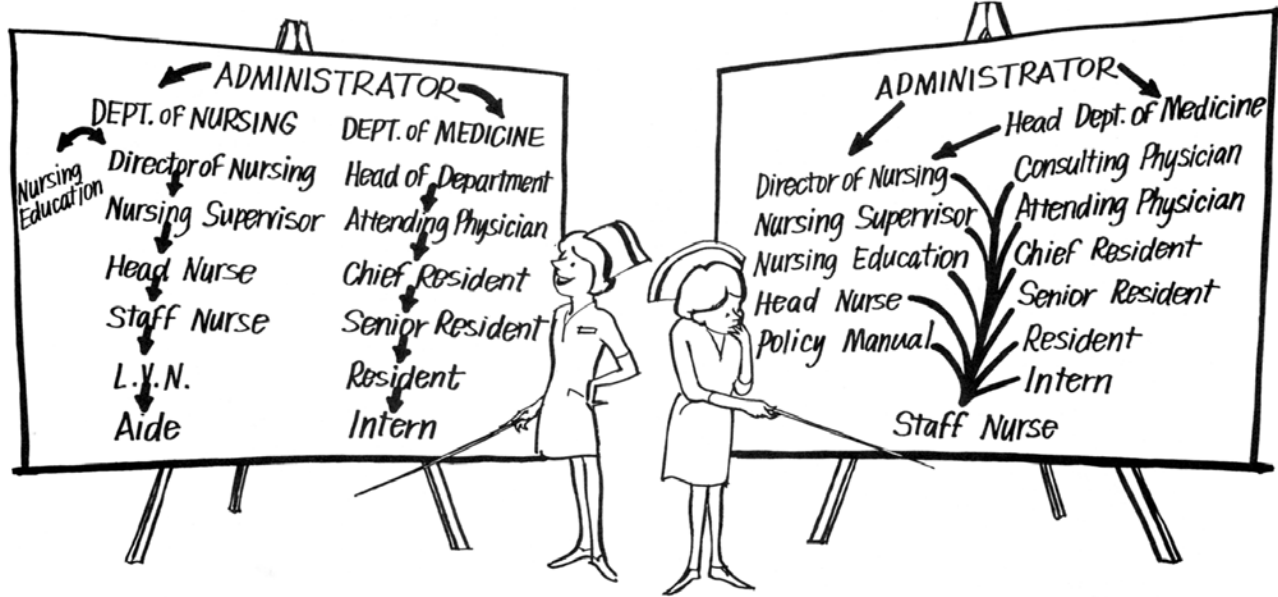
"Buzz Off" is similarly played by supervisors who encourage nurses to confide what they "really feel" about their work, and then justify firing them for sounding critical.

In harder players, the game may be more properly known as "Uproar." If a patient is sufficiently angered by the proceedings, he may walk out and slam the door. Officially, this is called a discharge "against medical advice." For a dismissed nurse it is called "seeking more challenging employment opportunities."

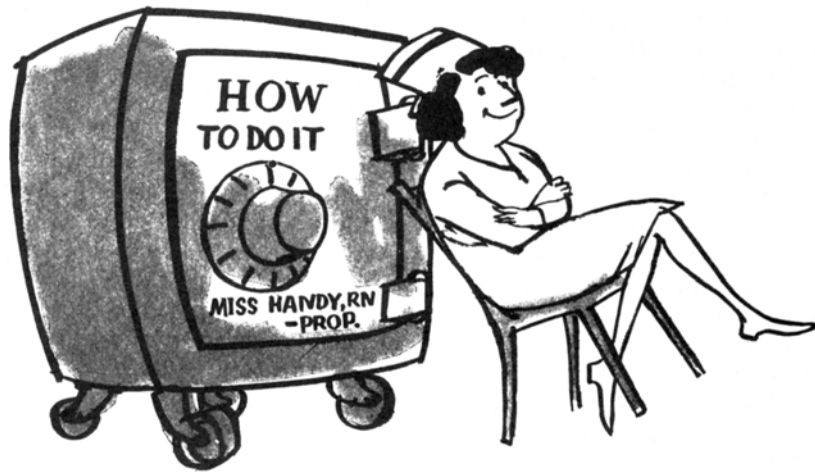
These are some of the games nurses play because of their unique position in the hospital. To what extent they are played or the degree of severity with which they are played, in the general nursing community is not known. However, since any transactional game is justification for a problem rather than a solution to it, such games greatly diminish the quality of professional nursing practice. If a nurse understands she is playing games, she is then in a position to direct her energies toward identifying and solving the problems which give rise to the games, rather than continuing the game playing.

References

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5. *Games People Play*. New York, Grove Press, 1964, pp. 112-113.



Hospital Organization Charts: The way administrators say it is (left) is not always the way it works (right).



Nurse Handy kept her one upmanship because she held on to her information.