

From the Editor-in-Chief

“Hello, I’m Sue, I’m Your Nurse”

Over my long career, I have witnessed a remarkable shift in how nurses are addressed and referred to. By this I mean that when nurses introduce themselves, the pattern, not universal but certainly common, is to give their first name only: “Hello, I’m Sue, I’m your nurse today,” or, “My name is Sue; I’m a registered nurse, and I’m your nurse” or variations of these. Nurses’ nametags these days have both their first and last names on them but more and more, nurses are known only by their first names.

Read the birth columns and you will find parents thanking their doctor, “Dr. Smith” or “Dr. Jane Smith,” and “Nurse Judy” or “nurses Judy and Sara,” for being so wonderful at their child’s birth. Recently, newspapers ran full-page ads featuring nurses, one a nurse practitioner and the other a registered practical nurse. The messages were informative and the pictures were flattering, and in each case, the nurse was introduced by her first name only. So, when did nurses begin to be known only by their first names in clinical environments and to the world at large? Why? And what is the effect on patients and patient care?

I recently found my nametag from my student nurse days; it is hard to believe that I have kept it for 40-plus years. It says, “Miss Pringle” – not “Dorothy,” and certainly not “Dot.” As students, we were taught to introduce ourselves to patients as “Miss Pringle” and to resist inquiries to reveal our first names. We referred to classmates in the clinical area as “Miss” as well. Similarly, we called all our faculty members “Miss,” “Mrs.” or “Doctor.” When I went to the United States to attend graduate school in the mid-1960s, I found everyone on a first-name basis. Both graduate and undergraduate students called their professors by their first names. Returning home to Canada a couple of years later to an academic position, I asked students to call me by my first name. That created considerable debate among faculty members, some being comfortable with it and others not. Slowly, at our school and others, more informality was introduced and gradually, everyone was on a first-name footing. Nursing schools are now some of the most informal environments on a university campus. While undergraduate students are calling their biology and English professors “Professor” this or that, they are on a first-name basis with their nursing professors. I believe this shift occurred mainly through the 1970s, but I cannot identify when the same level of informality became the norm in clinical settings. Also, there is a difference in these two arenas. In education, relationships between teachers and their students extend over long periods; while they may call each other by their first names, they certainly know each other’s last names and use these – in introductions and in evaluations, for example.

North American society has become much more informal over the years. Telephone solicitors seeking donations or trying to sell you something frequently address you by your first name, as do store clerks when returning your credit card, although they have never met you or seen you before. In many restaurants, the server will introduce himself, “Hello, I’m Josh; I’m your waiter this evening,” and I ask myself, Is this any different from a nurse introducing herself as “Sue ... I’m your nurse today”? I think it is. I am not going to tell Josh anything about myself except what I am choosing from the menu. The only questions I will ask him are for clarification about those items. He is not going to ask me to reveal personal details about my health and how I live my life. He is also not going to provide intimate care, or relieve my pain, or do any of the other highly skilled acts that are part of professional nursing.

Does it matter that nurses have moved to using only their first names? It may not. It may provide a comforting familiarity in what is a strange and, for most people, frightening environment. Patients may be able to remember nurses’ first names more easily than full names. For patients who have very short lengths of stay, there is little opportunity to get to know any nurse, including her or his name. That’s not a good thing, but it is the reality of many patients’ experiences. So, knowing nurses’ full names may not matter.

When I questioned a group of nursing students from across Canada about why they used just their first names, some replied that they did so out of concern for their personal safety, and gave examples from emergency departments. They claimed they felt unsafe if patients knew who they were – that is, their last names. When I asked about female physicians (the students were all young women) in the same environment, they acknowledged that they were known as Dr. Somebody. They could not explain why it was apparently safe for physicians to be known by their surnames but not nurses.

I have a number of questions about the effect on patients of knowing nurses only by their first names. First, does it matter, and if it does, how is mattering manifest? Are patients as comfortable providing personal details or seeking information from Sue as they are from Sue Smith? Are they more comfortable? Do patients hold different expectations of nurses when they know only their first name, as opposed to knowing their full name? Is it appropriate in some patient care environments but not others? Second, what is behind this trend to using first names only in nursing? Is it a safety issue? Has it anything to do with nurses’ status within the healthcare team? Was it planned, or did it just happen? Finally, are we compromising any aspect of our professionalism by using our first names only? Do we know the answers to these questions? Should we?



Dorothy Pringle, PhD
Editor-in-Chief