

Often When A Nurse Speaks Up, She Risks Doctors' Wrath, Firing

There is surfacing in the world of medicine a sometimes adversary relationship between doctors and nurses — particularly in hospitals — that often goes to the roles of males and females. Following is the third of a five-part series on the subject.

By Sigrid Bathen
Bee Staff Writer

A physician in a small San Joaquin valley town recently was arguing — amicably — with his partner about the influence of doctors over nurses in hospitals.

One partner took the position that the medical staff of a local hospital did not cause the firing of the nursing director. She had been fired by the hospital administrator several days after the physicians took a closed-door vote of "no confidence" in her administration of the nursing department.

The other partner disagreed: "I told him I don't care how you dance around the point, the net effect was that she was fired because of the action we took."

A third doctor in the same community was talking to a reporter on the phone not long after that conversation, and he was talking — predictably — about doctors and nurses. A question came up about double standards for the performance of doctors and nurses in hospitals. He had been one of several abstentions in the no confi-

dence vote, and he admitted privately to having "mixed feelings" about how the firing was handled.

"There may be a double standard," he said. "We live in a political world. Doctors bring their patients to a hospital. Right or wrong, they have that power."

Since doctors steer patients to hospitals, and since patients are money to a hospital, and since many hospitals are overbedded, which is to say they don't always have enough bodies to fill the beds — critics say doctors do wield enormous power over the operation of hospitals. Technically, doctors are not employees of a private hospital. Although nurses are employed by hospitals, they frequently complain that they are treated like indentured servants subject to the whim and caprice of doctors.

"Doctors have an extraordinary amount of say in hospitals," says California Hospital Association spokesman Ted Fourkas. "They have a great deal of control. But excess beds is not the only reason they have control."

Marylin Baker worked as a registered nurse at 99-bed Lodi Memorial Hospital in San Joaquin County for 12 years. Before she was named assistant nursing director in 1977, she had developed a firm reputation as a "damn good nurse" and a crack operating room supervisor. She quit last April after the nursing director of 22

months, Juanita Ponton, was fired.

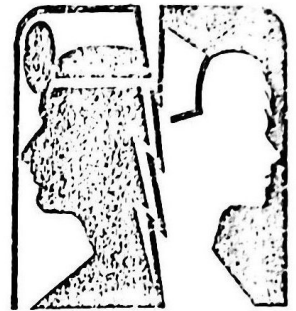
Mrs. Ponton, the subject of the physicians' conversation and the "no-confidence" vote, refused to resign when administrator Richard Sandford asked her to, so Sandford fired her. He says he did it because she couldn't get along with doctors and nurses at the hospital. The firing was March 17, five days after more than half of the hospital's approximately 60 physicians met behind closed doors to vote 28-3, with six abstentions, against the Ponton administration.

Marylin Baker says she quit "because I'm a nurse, not a politician." She has been a nurse for 21 years and is tired of physician control over her profession.

"Before I left Lodi Memorial, I had a list of nurses that physicians had come to me about who they (the physicians) didn't want in one place or another. Not one physician gave me a valid reason."

"One nurse they didn't want in obstetrics — a very knowledgeable, very experienced nurse — because they said she was 'too flighty.' Another one they wanted out of the operating room — a nurse who has excellent rapport with patients, who does her paperwork that protects the physician, the nurse and the patient legally, who always shows up for work. One said, 'It's her personality. She makes you feel like she's better than you'."

"I never transferred a nurse or fired her because of something like that, but there were times when I was



angry inside myself because of the schedule adjustments I had to make to keep one nurse away from a physician. (On the) other side of the coin, the nurse must take whatever the physician dishes out."

Juanita Ponton says she was fired because she stood up to physicians, and because she alienated physicians and nurses who objected to her changes in the nursing department — changes which she says are mandated by law and by national standards of quality hospital care. She may become the first nursing director in the country to take her case to court. She is represented by San Francisco trial lawyer Ephraim Margolin, who last year successfully forced the Brown administration to reinstate former state drug abuse director Dr. Josette Mondanaro.

In many ways the Ponton case represents what is wrong with nursing in America. Opposed by physicians and facing a deep split in the nursing department over her administration, Juanita Ponton found herself in the untenable position which administrative nurses say is increasingly com-

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Nurses

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mon. The case points up the divisions within nursing itself, and the vulnerability of administrative nurses who are often untrained in administrative skills (the Lodi position was Mrs. Ponton's first experience as a nursing director) for a job requiring a delicate sense of managerial balance.

"The Ponton case raises issues that are very common to nursing directors," says Carol Cox, assistant executive director for nursing services at St. Joseph's Hospital in Stockton and a member of the board of directors of the California Society for Nursing Service Administrators. "Turnover is a big problem. I've seen a number of good directors of nursing who have been terminated unfairly."

Juanita Ponton lost the first round June 5 in her battle "to clear my professional name" when the hospital grievance committee upheld her termination. She has found work in a Stockton convalescent hospital, but believes she has been effectively blackballed from nursing administration in San Joaquin County.

Margolin says Mrs. Ponton's next step is the courts — in which case she will become the first nursing director, maybe the first nurse, to take legal action against a hospital administration and its physicians over the role of nurses in hospitals.

Turnover among nurses in American hospitals is between 50 and 70 percent, according to authoritative sources in hospitals and nursing education who cite low pay and nurse dissatisfaction with their subservient position in hospitals as primary reasons for the unusually high turnover.

Some nurses who have been fired or forced to resign have gone on to other jobs; others have had trouble finding work, despite the widely publicized national nursing shortage. Still others have left nursing altogether.

On Jan. 10, 1975, Thomas Daley was fired as director of nursing at St. Agnes Hospital in South Philadelphia. He was replaced by the Philadelphia

rights" who was fired less than a month after hospital physicians asked that he be fired.

Daley had declined to reprimand a nurse who refused to obey a doctor's order for a daily laxative dose for an elderly burn victim. The nurse believed the laxative dose was too strong; Daley said her decision was backed up in pharmacological literature.

Three days later, the staff doctors at St. Agnes voted to ask the hospital administration to fire Daley. The administration later fired him and an associate hospital administrator who had refused to carry out the Daley firing. Nurses, and two physicians, picketed the hospital in protest, and 33 nurses resigned.

Dr. Frank Tropea, president of St. Agnes' medical staff, described the nurses as "technicians two steps higher than orderlies presuming to criticize... on questions of medical treatment." Statements like that enraged the nurses, many of whom had advanced professional and academic credentials.

"The doctors think it's perfectly all right for the nurse to use her judgment from 5 p.m. to 8 a.m.," Daley said. "But when the doctor's around, you're supposed to be My Friend Irma, the dumb blonde... If it weren't for nurses questioning doctors' orders, patients would have many more problems than they do now."

Irene Pope was director of nurses at San Francisco General Hospital from 1960 to 1972. A nurse since 1947, she also served as assistant nursing director at University of California-San Francisco Medical Center and as president and executive director of the California Nurses Association.

At San Francisco General, she was in charge of a nursing staff of 800. Since the facility is operated by the city and county of San Francisco, hiring is handled under the civil service system.

her assistant nursing administrators resigned in support of her position that nurses did not control professional standards within the nursing department. She currently administers a 100-bed convalescent hospital in San Mateo.

Ms. Pope had some control over the daily operation of the nursing department at San Francisco General, but she says it was limited. "I was included in the hospital executive committee meetings, but without a vote. In budget matters, I would present what I thought was a necessary budget for the nursing department, but I was not allowed to go to the budget hearings, although the chief of surgery always went to the surgery budget hearings."

So she concentrated on professional standards for nurses. She promoted educational advancement for nurses and urged that assistant nursing directors have administrative training. A major failing of nursing administrators, according to nursing professionals around the country, is their lack of administrative training.

When the time came for the civil service commission to formalize Ms. Pope's professional standards for nursing administrators, she was opposed by nurses without advanced training who traditionally had a shot at administrative positions in the nursing department.

"She fought an uphill battle for many years," recalls Dr. Francis J. Curry, then San Francisco health director. "She did upgrade the quality of nursing. The difference between nurses when she came in and before was remarkable. Those of us at the top took a terrible beating... She was angry with me because I didn't throw down the gauntlet and leave with her. But you don't win a battle by leaving it."

Irene Pope wanted a master's degree in nursing administration or education for her assistant nursing directors, plus some experience as a supervisory nurse. According to records in the health department, the commission decided that nurses with bachelor's degrees and four years experience should be eligible, as well as nurses enrolled in bachelor's degree programs.

at the heart of her battle over professional nursing standards. "Physicians," she said, "had the ear of the city fathers."

In a sworn declaration supporting Juanita Ponton's case against Lodi Memorial, Ms. Pope says nurses and nursing directors are often caught between professional standards and hospital policy:

"On the one hand, the law requires nurses to bring certain matters to the attention of the doctors, the administrators and on occasion, the patients. On the other hand, when a nurse does that, however tactfully, she may find herself fired as a result..."

"Many hospitals appear to be set up for the convenience of the medical staff alone."

Lillian Marks (a pseudonym) was nursing director at a large public hospital in a major American metropolitan city for nearly 10 years before she was fired more than a decade ago. The dates here are intentionally vague, and the city is not named because Lillian Marks is fearful of retaliation from physicians where she currently works if her name is used in this article.

She had been with that public hospital system for nearly 20 years, half of that time as nursing director for one facility which specialized in the treatment of elderly people with debilitating disease.

"The hospital medical director hated old people," she recalls. "He called them crocks. His attitude was reflected in the medical care of old people in that hospital, and we frequently locked horns. I simply could not tolerate what happened to our patients because of poor medical care."

She went to the medical director in charge of all the hospitals in that system, and her nemesis was demoted and transferred, which she says angered many physicians who didn't like to see a nurse wielding that kind of power. After the countywide medical director was appointed to a high federal health position, his successor, also a physician, paid a visit to Lillian Marks.

"It was made very clear to me by Dr. that I was under the hospital medical director, and I was not under any circumstances to contest him." Dr., when asked by The Bee to comment, said he did not recall the details of his contact with Lillian Marks.

"Many doctors in our hospital," she continued, "were dissatisfied with conditions in the hospital and left. We were able to hire only has-beens — alcoholics and the like."

"I started to document — in writing — such things as drinking on duty by doctors, obvious psychiatric conditions, emotional outbursts, cases of malpractice. There were all sorts of things — wrong medications, overdoses of medication, extremely restrictive diets which I believe resulted in the deaths of patients."

"This went on for three years. I put everything in writing and passed it on to the hospital administrator with a copy to the hospital medical director, who in turn passed them on to the countywide medical director, who told me to stop putting these things in writing."

"At the bottom line, they were willing to forsake patient care for the medical organization."

She was told to transfer or resign. She refused. She was fired for insubordination, appealed and lost.

There are others. Nursing directors are cited here because they are the most visible. Nurses say they are fired or forced to resign with alarming frequency in hospitals and public health agencies around the country. Nurses tell horrifying stories about being ignored, or reprimanded, or fired, for objecting to poor patient care, physician misconduct and outright malpractice.

"Nurses are dropping like flies all over the country," says San Francisco nurse Claudia Deyton, a private cancer counselor who in 1975 was fired from St. Francis Hospital in San Francisco after she complained about understaffing on a special oncology (cancer) ward where she had been hired as head nurse.



Bee Photos

RICHARD STANDFORD
... fired nursing director

"It was touted by the hospital as the only oncology unit of its kind in Northern California, where cancer patients and their families would receive special care and attention," she says. "But only minimal care was given, and there was little time to deal with the devastating emotional consequences for patients, their families and the staff. It was not unusual for 10 or 12 patients to die in one week."

"I kept asking about staffing and I kept getting no response. I kept trying to get appointments with (nursing director) Doris Weber, and she was never available. So I went to the hospital administrator, and was called on the carpet by the nursing director for not going through channels."

"I was the third head nurse on that unit in two years."



JUANITA PONTON
... stood up to doctors

Doris Weber is still nursing director at St. Francis Hospital. "There were a lot of misunderstandings involved," she said when contacted by The Bee. "I'm not going to make a statement about why she was terminated. She knows exactly why she was discharged."

Claudia Deyton had never been fired before. "Even though I would have done it again and felt that I was morally and ethically correct, I felt totally devastated, totally isolated. I was afraid about ever getting a job in nursing again."

"I collected unemployment for a while, then I tried my hand at being an independent cancer counselor. A nurse in private practice is a very new thing, and it's been very difficult." She helped establish Nurses In Transition, a nursing support group based in San Francisco. She thinks



CLAUDIA DEYTON
... "dropping like flies"

nurses need to do more to help themselves.

"We can say that physicians do this and so, and that's fine. But even though they do it, we permit it. There isn't a very high value placed on nursing care. It goes along with women's role."

"There isn't much value placed on just being with somebody when they're sick."

Next: Doctors about Nurses