

Women Fight Stereotypes

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Doctor-Nurse Game Breaking Up

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

By Sigrid Bathen
Bee Staff Writer

"Biology made the female the nurse of the species." Dr. Victor Robinson wrote in his 1946 history of nursing, "White Caps." "The first mother who leaned over the first cradle of leaves in the primitive forest was the first nurse.

"Before the dawn of agriculture, the male stepped out of his cave or rock shelter, club in hand, the hunter of all living things; the female remained behind, the nurse of the young and the sick."

And thus the theory of women as "horn nurses" was born.

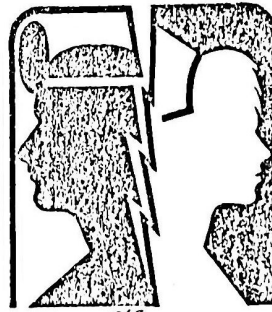
"The history of nursing is an episode in the history of women," Robinson concluded, and he wasn't talking

about sex discrimination. "The nurse is the mirror in which is reflected the position of women through the ages."

It's 1979, a beautiful spring night in San Francisco, and a group of 20 or 30 nurses is gathered around a Franklin stove in a Mission District flat converted to a clubhouse for a year-old organization called Nurses In Transition. It's a place for nurses who want to change things, who are angry about their historically subservient position in American health care, unclear about their role in the changing scheme of health care in this time of wildly escalating cost, determined to be taken seriously by doctors and hospital administrators.

"Doctors are being forced to recognize that there are other people in the world," says one young nurse at the meeting. She is talking about changing jobs, as nurses do with considerable frequency. "You find a point at which you realize it's not going to be any different at a different hospital. Left to their own devices, the hospitals are not going to get any better."

"Doctors have never been more threatened," says a nurse at a big San



Francisco hospital. "They're threatened by national health insurance, by increasing government regulation. Their economic position is threatened. They're in a very scared, frightened position. At the same time, nurses are beginning to act up, speak up and stand up, and the doctors are taking a lot of their own frustration out on us. They are really resistant to losing control."

"We're idiots for putting up with it," another says, quietly.

There is sure enough anger here in this room with the stove and the big cushions on the floor, and enough of whatever is meant by feminist consciousness, mellowed by time and recovered from the rude early feminist dictum that women should aspire to be doctors, not "just" nurses.

"Nursing, perhaps more than any other profession, has been influenced by social conceptions regarding the nature of women," Dr. Jo Ann Ashley, professor of nursing at Wright State University in Dayton, Ohio, wrote in her book, "Hospitals, Paternalism and The Role of The Nurse." "Modern nursing originated at a time when Victorian ideas dictated that the role of women was to serve men's needs and convenience.

"Nursing's development (has) continued to be greatly influenced by the attitudes that women were less independent, less capable of initiative, and less creative than men, and thus needed masculine guidance."

She sees the subservient position of nurses in health care as a mirror of

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male-female relationships. "It's the most patriarchal system," she says in a telephone interview, "and it was developed for the convenience of the male physician. Nurses are not recognized as human beings or as having very much intelligence."

"The relationship between doctors and nurses is very much like the relationship between husbands and wives."

She says patient care suffers as a result of physicians dominating nursing. And she cites a 60 percent national nursing turnover, which she believes is a direct result of nurses' dissatisfaction with their work in hospitals.

"No other business can operate with a 60 percent turnover rate," she says. "Nurses will stay for a short period of time and leave because conditions are so intolerable. Nurses are afraid. They live in fear, which is obviously an unhealthy situation . . . It is inevitable that some change has to occur. As it is, the health care system exploits the public and is harmful to people."

Nurses like Jo Ann Ashley have tried to organize other nurses to change the conditions of their work, and they say a nurse-patient coalition as the only way to break the back of physician-dominated health care. But they say nurses are conditioned by their training and by physician control not to ask questions and to fight among themselves for what limited control they are allowed by the system to have.

"Nurses are pitted against each other," says Ms. Ashley. "They compete with each other . . . Nurses have been more oppressed than any other group of professional women, and it is not uncommon for members of an oppressed group to be pitted against each other."

"I was in New York in the late 1960s, when the women's movement was getting under way, and we tried to get nurses organized politically and tried to raise their consciousness. But that was not really liberating, because the health care system is so patriarchal and so sick in many ways."

Dr. Leonard I. Stein, a psychiatrist, wrote an article in 1968 for the American Journal of Nursing that he titled "The Doctor-Nurse Game." He described the rules and the special intensity of the working relationship between doctors and nurses. He called the game a "transactional neurosis," which is a fancy way of saying it's sick.

Nurses, he wrote, make recommendations to physicians every day. But if they don't follow the rules of the game, if they appear insolent or haughty or know-it-all, they lose. The stakes for nurses are high. If they lose, they may lose their jobs. Which may be one reason why, despite a critical shortage of nurses, nearly one-third of all registered nurses nationwide don't practice nursing at all.

By the rules outlined in Stein's article 11 years ago, the nurse must make a recommendation to a doctor without appearing to make one.

"One rarely hears a nurse say, 'Doctor, I would recommend that you order a retention enema for Mrs. Brown,'" Stein wrote in 1968. "A physician, upon hearing a recommendation of that nature, would gape in amazement at the effrontery of the nurse. The nurse, upon hearing the statement, would look over her shoulder to see who said it . . ."

"The nurse is to be bold, have initiative and be responsible for making significant recommendations, while at the same time she must appear passive. This must be done in such a manner so as to make her recommendations appear to be initiated by the physician . . . The game requires the nimbleness of a high wire acrobat, and if either participant slips, the game can be shattered; the penalties for frequent failure are apt to be severe."

Open disagreement is avoided. The more significant the nurse's recommendation, the more carefully the game must be played. "The nurse who does see herself as a consultant, but refuses to follow the rules of the game in making her recommendations, has hell to pay," Stein concluded. "The outspoken nurse is labeled a

itch by the surgeon. The psychiatrist describes her as unconsciously suffering from penis envy and her behavior is the acting out of her hostility toward men."

Part of the problem, Stein suggests, is that the American physician is imbued with godlike qualities to which no human being should — or can — aspire. While the nurse is conditioned in nursing school to be handmaiden to the physician, the doctor is conditioned to be omnipotent. "For a physician, a mistake leading to a serious consequence is intolerable," Stein said, "and any mistake reminds him of his vulnerability. There is little wonder that he becomes phobic."

Says Dr. Wilma Heidi: "The nurse is the woman, the man is the doctor." Ms. Heidi is a registered nurse and behavioral scientist who was president of the National Organization for Women from 1970 to 1974. "It's part of the patriarchal culture, with a license for physicians to control in all sorts of ways. The control takes many forms, including rape — anesthetized and unanesthetized."

She says her work as a registered nurse between 1945 and 1955 "radicalized me, turned me into a feminist. I remember as a student being referred to by physicians as a strong back and a weak mind, when at the time I weighed 95 pounds and stood 5 feet 2 inches. To complain was to get thrown out of nursing school. It is really an anomaly that I got through it at all."

"There are still a lot of nurses who reject feminism, and they need it so badly."

She believes the real health care providers are women — nurses and other health care workers (75 percent of whom are women, according to experts on women's health issues), who spend far more time with patients than doctors.

"Nurses take a closer look at patients," says Ms. Heidi. "Nurses are much more oriented toward preventive medicine. Nursing has always had a more holistic approach — care of the whole body — than physicians have."

In 1973, during Wilma Heidi's tenure as NOW president, a task force on nursing was established to confront sexism in nursing. Called Nurses

clubs throughout the country.

Mary Foley, a nurse who is co-chairwoman of the New York City NOW chapter, says nurses suffer in hospitals because of physician control over administrative and medical decisions. "There has been little administrative authority for nurses, which is reflected in the fact that less than 25 percent of nursing directors are trained in nursing administration," she says. "Nurses have never fared well in trying to bring physician misconduct to the attention of hospital administrators. There has always been this implied code of ethics that nurses don't report physician misconduct."

Feminist health care professionals say the tension between nurses and doctors in hospitals will ease — as similar tensions have eased in other professions — when more women become doctors and more men aspire to nursing. These changes are beginning to happen, but later and more slowly than in other white-collar professions.

The American Medical Association says 21.4 percent of the 1977-78 medical school graduates in the United States were women, compared to 6.8 percent in 1964-65. The entering class of 1977-78 contained 25.7 percent women, according to the AMA.

"The system will really be changed when more women go into medicine," says Sacramento gynecologist Dr. Felicia Stewart, who cites her experience as medical director for Planned Parenthood, where she instructs medical students from the University of California-Davis Medical School. Of the 100 students in the current senior class at UCD Medical School, 43 are women. She says the changes that percentage creates in medical practice are "very profound."

"Their presence," she says, "forces everyone to change. The traditional stereotypes about women — as doctors or nurses — simply don't apply."

Although more men are reportedly interested in nursing careers, the profession remains plagued by the low-pay, low-prestige stereotypes attached to so much of "women's work." The most recent statistics available from the American Nurses Association show that 98.1 percent of all registered nurses in 1977 were



See photo by Andrew De Luro

"Many of the nurses in Nurses In Transition are nurses who have been fired or reprimanded for speaking up," says Tisha Kenny, center, hands on her knees.

women. According to the National League for Nursing, which sets educational standards for the nation's nursing schools, 5.5 percent of nursing school enrollment was male as of October 1975.

As women enter medical school, the lewd photos of women used to "spice up" anatomy lectures, to keep the guys from nodding off, are less common. But women still complain of being discouraged, subtly and otherwise, from entering certain "male" medical specialties, like surgery and urology. And nurses still suffer under the "born nurse" stereotype that women are nurses because they are nurturers.

"There has not been a lot of support for nurses," says Tisha Kenny, a San Francisco nurse, who is active in Nurses In Transition and works in a federally funded program to encourage cooperation among doctors, nurses and health care consumers. "There is this sense of isolation, of ostracism, when you start speaking up. Many of the nurses in Nurses In Transition are nurses who have been fired or reprimanded for speaking up."

Tisha Kenny is a tiny, soft-spoken woman who holds advanced degrees in nursing and health care administration. She has worked in several hospitals around the country and — like so many nurses who want to see their profession changed — has found it necessary to leave the patient's bedside to work for change.

She has worked in hospitals from Connecticut and Massachusetts to Colorado and California. Her journey through nursing is representative of many nurses'. She doesn't like to name names or point fingers, because she says it's all pretty much the same.

She graduated from a Connecticut nursing school in 1966. "At that time, my consciousness wasn't really developed. I was disturbed by some of the things I saw, but I didn't speak up. As nurses, we can't put all the blame on physicians. We're responsible for some of what has happened to us."

After a year in a Connecticut hospital, she worked in the intensive care units of three major hospitals in California and Colorado for five years. "Nurses were given a little more respect in California for having some-

thing between our ears besides pretty eyes and hair. But that doctor-nurse game still went on, making sure that the doctor felt he was important — and in control."

In the early 1970s, at a large private hospital in Colorado, she began to speak up more often, to question physician judgment. There were problems.

"When I knew a doctor was prescribing something outdated, I would speak up. I became known as the nurse with the chip on her shoulder, or the radical nurse. The doctors wanted to know how I knew these things. The nurses admired me, because they knew I was right, but they didn't support me. They were trained not to be assertive, and the politics are so intense in a private hospital that your hands are really tied."

She kept moving on, to a hospital in Massachusetts in 1972, "where the nurses were still standing up when the doctors came in." She agonized over her future in nursing, worked as a private duty nurse to support herself and decided in 1974 that "I would have to go back to school and get some administrative training if I wanted to

effect any change in nursing."

In short order, she earned a bachelor's degree in health sciences from Antioch College-West, a master's degree in public health administration from the University of California, Berkeley, certification as a family planning nurse practitioner from the University of California-San Francisco Medical Center.

In 1977, she joined the Collaborative Health Program, a nursing research project in San Francisco funded by the National Institutes of Health, bringing together nurses, physicians and consumers to work out solutions for health care problems.

She does some private duty nursing as a family planning nurse-practitioner to satisfy her love for direct patient care. But she doesn't plan to return to work in hospitals, at least not soon. She still remembers, too clearly, being tagged "the nurse with the chip on her shoulder," and she knows too many nurses who have been ostracized or professionally blackballed for speaking up in hospitals.

"I watched a man die once because he did not get proper care from a physician who refused to admit his treatment was incorrect. I later thought, perhaps I should have sued on behalf of that patient. I've tried to convince other nurses that they have responsibility for speaking up when a physician is wrong, but most nurses are satisfied with things as they are. Others want change, but they want someone else to do it.

"I've left jobs out of dissatisfaction, but I've never been fired for speaking up. Others have."

Next: Nurses Who Lost: Casualties of the Doctor-Nurse Game