

# VILLAGE VIEW

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At this writing, the nurses' strike at Cape Cod Hospital is still going on and latest reports indicate settlement may not be reached for some days, if not for weeks. Without pointing fingers of blame at nurses, and without concluding that doctors or hospital administrators are at fault, I'm trying to conjure up a solution as yet unexplored that might possibly be acceptable to all concerned.

A lot of things influence my own thinking. Past history and personal experiences come into it, as well as the present stalemate and apparent intransigence on both sides.

How would I feel if I were a nurse? I think nurses are paid fairly good salaries; on the other hand, I, too, as a working woman, have sometimes found it necessary to ask for, or even demand, a pay raise. There've been times when that action put me temporarily out of a job. It's a chance I took as an individual; I've never belonged to a union.

Nurses earning \$7 an hour and up, working a 40-hour shift, aren't suffering abject poverty. It's not until you compare their wages with those of plumbers, painters, electricians, auto mechanics, or someone taking down a few dead limbs that their wage-scale seems out of whack.

Such semi-skilled labor costs between \$14 and \$20 an hour; nurses, as skilled professionals, should command higher pay than people with less education and whose work can be performed adequately after a relatively short period of training.

Like the rest of us, nurses must pay these labor charges yet they are asked to work for lower pay, themselves. And, as all of us know, there's ALWAYS SOMETHING. If the cesspool doesn't need pumping, the heating bill is delivered; if the car doesn't need a new muffler, it requires two new tires; if the toilet doesn't need repairs, the roof springs a leak; if the property tax bill doesn't arrive, an insurance premium comes due; if the washer works fine, the refrigerator goes on the fritz. It's never-ending.

Top that with spiralling food, clothing and utility costs, and see how far \$300 a week stretches.

On the other hand the cost of medical care is out-of-sight. Think about \$280 a day just for room and board in a hospital. Think about a \$700 surgeon's fee and \$175 for an anesthetist. How about \$600 or more for having a wisdom tooth extracted at Cape Cod Hospital. Something's out of shape!

Cape Cod Hospital didn't exist the day I was born. All Cape Cod's children came into the world at home. Nurses in attendance, if there were any, were women without formal nursing training; instead, they'd had a lot of experience delivering babies.

In those days people living on the Cape got sick and got better by themselves, often as not; sometimes, of course, they didn't get better. The nearest hospital was in Boston, and the best and fastest way to get there was by train. Before a patient could be loaded into a boxcar for the two-and-one-half hour ride over the rails, he or she was hauled to West Barnstable, or Yarmouth, or Sandwich in a wagon pulled by a horse over unpaved roads.

Doctors? There weren't many. The few there were kept busy. While the population was small, it was scattered. One doctor who lived in Marstons Mills served patients in Mashpee, Cotuit, Santuit, Newtown, his own village, Osterville, and Centerville. He drove an automobile that traveled at about 20 mph. His fee for a home visit was \$3; included in the fee was all the medicine you got.

And after the doctor had spent his day making house calls, he was available at his home between 7 and 9 P.M. to tend those patients who filled his waiting room each evening. Those were sick people but able to get there. People called the doctor only for serious illness or emergencies, and then apologetically.

Life was more precarious in those days; on the average, people died at younger ages. On the other hand, the race survived; there was no population crunch; most of the living were healthy and strong. The weak and frail didn't make it.

Times have changed, and no one's proposing we ought to go back to days without a hospital on Cape Cod, or doctors going in 12- or 14-hour days, or the next-door-neighbor serving

as a nurse because she'd had some experience helping bring babies into the world. Good medical care has come to be accepted as the norm on Cape Cod. Both doctors and nurses deserve fair payment for their services. Hospital administration requires staff to do the work, and they, too, must be paid.

A distressing element of all this furor is the rate of escalation in the costs of medical care. Unless we are covered with plenty of health insurance, who can afford to get sick? And, if nurses' salaries are increased, medical costs will rise again.

Something has to give, in this threeway tug-of-war. Nurses, administrators, and doctors all receive decent incomes; some doctors and some administrators, however, earn a great deal more than nurses do. It's obvious the hospital can't run without nurses; administrators clearly believe it. Perhaps a more equitable share of the medical dollar **should** be redistributed to them.

Perhaps more important than the dollar, however, is the attitudes displayed by administrators and doctors towards the nurses they depend upon to keep their (and our) hospital open.

Those of us who've been reading letters from nurses to the newspaper editors hear an undercurrent of pain expressed by the people walking the picket line over at Hyannis, and that is a hurt inflicted upon nurses by both administrators and doctors. It could have been avoided had the nurses been shown more consideration and thoughtfulness.

Because of it, the nurses voted to unionize; they resented being treated as second-class citizens in the hospital community. Licensed practical nurses are suffering from the same

feelings. Union agitators seldom succeed in organizing employees who receive respect, recognition and equitable treatment. Such employees need no union; everyone's better off without them, and everyone knows it. How shortsighted!

Nurses choose their profession because they want to help their fellow man. No one in her right mind would elect a nursing career because it's a cushy, pleasant, easy job that never tears at the heartstrings. Nurses find out early in their training it's a bloody, messy, emotionally-draining way to make a living, but they know it has its rewards, as well. While they must work nights and weekends sometimes, are on their feet most of their working hours, and are called upon to give of themselves as well as of their skills, they know they make a valuable contribution to their patients' welfare.

And, if they're treated decently, they do their jobs with tenderness and willing hearts and hands. They're there when we're sick, when we hurt, when we're scared, and when we start getting well and are irritable. And they are there, often times, as we die.

Perhaps they should be given a portion of the pie, a percentage of the gross income of the hospital, to carve up among themselves as they see fit. Let them work out their own shifts as long as their posts are covered. Let them administer themselves, as a group. Perhaps with such a contract, and with the recognition they deserve, nurses could dispense with the union and return to work with better relationships among administrators, doctors, and the professionals who give the hands-on attention we expect. There could be worse solutions....