
HEARTACHES INTERVIEW

Confidential Information for BJ Stanton, RN Surgical ICU Nurse, Farmington Hospital

You are a registered surgical nurse and have been a member of the intensive care unit nursing team at Farmington Hospital in Ohio, for the last year. You began in general nursing fifteen years ago at Cleveland's Marshall Hospital, where you had interned during nursing school. Five years ago, you acquired certification as an intensive care nurse, and moved into its intensive care unit. You received formal training in pediatric intensive care work there and earned certification as a specialist in pediatric intensive care nursing two years ago. The family moved to the Farmington, Ohio area a year ago, when your spouse was appointed VP of Finance for Farmington Community College.

You had no trouble finding an intensive care nursing position at Farmington Hospital, where the ICU handles both pediatric and adult patients. The hospital's Nursing Director was delighted that you had certification in pediatric intensive care nursing. Only two other nurses had your degree of training in that area; they were designated nursing shift supervisors for that reason. She indicated that, if you got along well with the other nurses, and "fit in," you would also be designated a shift supervisor. She winked and said: "In the meanwhile, we hope you will unofficially lend your expertise."

She needn't have asked; you have always been known as extremely intelligent, assertive, and dedicated to high level patient care. After becoming a nurse, you considered going to medical school but decided it was too late. In Cleveland, you worked under a nursing director who valued your outspokenness and strong opinions. You were viewed as a leader among nurses, and even stood up to a lazy doctor or two who tried to get by with the minimum. No doubt, you rubbed some people the wrong way because of you didn't tolerate sloppy habits and chided nurses who failed to fill out charts thoroughly. The nursing director there always supported you, while occasionally recommending a softer style.

The culture and management at Farmington Hospital are entirely different than at Cleveland Marshall. A small town mentality (call it mediocrity) pervades. You have been generally unimpressed by the nurses, physicians, or management. Particularly when working on the general ward (instead of intensive care), you have found Farmington Hospital to be "sleepy." Nothing seems efficient unless there's a real emergency. You see the nurses "shuffling along", taking long coffee breaks, slipshod with paperwork, and chatting on cell phones. You know many of them dislike you. You believe it's because of your insistence on high standards. You will question missing lines on a patient's chart. You've been known to route a fellow nurse out of the cafeteria when on break too long. Even if a patient needs only routine care, you think it should be timely done.



The level of nursing care in the intensive care unit is somewhat better, but far from perfect. To avoid directly criticizing colleagues, you asked the nursing supervisor to initiate weekly “quality improvement meetings” to discuss nursing issues in the ICU. Often, you are the only one talking about ways to improve. You know your constructive feedback has been perceived as criticism and created some enemies. Still, you didn’t think they would conspire to get you out.

Yesterday, you were called into the Nursing Director’s office, and told in no uncertain terms that your job is at risk. She said this was a warning, you are officially “on probation” and one more “incident” would find you knocking at another hospital’s door. When you pushed her as to the reasons, she replied: “Don’t tell me you’re not aware of the trouble you’re in. You’d been around long enough to know that a hospital can’t run with nurses who are unwilling to work within a team, who are constantly insubordinate, uncooperative, and abusive to the rest of the staff.” You decided to consult an attorney, because you do not believe the hospital has the right to do this: your nursing work is exemplary, and you have done nothing wrong.

It’s true that you have not made life easier for the nursing staff or, in some cases, the physicians. Your criticism and outspokenness are part of sound nursing judgments and always in patients’ best interests. You now realize that a number of “incidents” have been counted *against you*, when they should have been *credited to you* as excellence in nursing.

An incident two months ago involved your dispute with a doctor in the ICU regarding whether a pediatric patient should be returned to the general ward. The patient, a child of six, was recovering from serious abdominal surgery following a car accident. After 4 days in the ICU, his vital signs had stabilized, and the surgical wound had begun to heal. Though there were no visible signs of infection, the child maintained a significant fever. During morning rounds, the physician nevertheless ordered his transfer to the general pediatric ward. You did not think this wise in view of his continuing fever, and you raised the question with the physician. You were gruffly overruled; the child was returned to the ward, where his fever later spiked, and a small infection site was eventually located. You are convinced the infection would have been identified and treated more quickly in the ICU. And, you were sure to let the doctor know you had been right, so that he would listen to you the next time. In the Cleveland hospital, the doctors welcomed nurses’ input, particularly on post-operative care issues.

About a month ago, you did cause a scheduling problem due to the emotional impact of tragedy in the unit. When the next week’s schedule came out, you refused to work on the post-operative pediatric care team’s late Tuesday and Wednesday afternoon shifts (3:00 p.m. to 11:00 p.m.). You know that Dr. Dellahunt operates on Tuesdays and Wednesdays, often performing cardiac surgery on newborns or young children (a year or two old). In the two previous months, you had witnessed the death of four of his pediatric cardiac surgery patients. You simply could not go through that again. While you know that cardiac surgery is always risky, you have observed that Dr. Dellahunt’s patients seem to come out of surgery in worse shape than others. When these tiny patients fail and die in the ICU, it



takes an incredible emotional toll. Plus, you suspect Dr. Dellahunt is just waiting to blame the post-operative medical and nursing team for his surgical incompetence. You have heard he tells parents that their child appeared to have developed an infection after surgery, in the ICU, when you thought the death resulted from having been on the operating table for too long.

You also think Dr. Dellahunt's post-operative notes on the chart have made his patients' immediate post-operative conditions a bit too rosy. In fact, you once challenged his written description of a child as "pink" and "robust" and demanded he be more accurate. You took the chart to insert your own observation of the child's condition. Dr. Dellahunt yanked the chart from your hands and yelled: "How dare you challenge me?! What do you know?!" You see him as seeking to avoid criticism of his surgery if the child struggles later in the ICU. When you worked the pediatric intensive care unit in Cleveland, you only witnessed one child die after cardiac surgery, a neonate with an unusually severe heart defect.

You seem to have one ally among the physicians, Dr. Wilson, the anesthesiologist, who shares responsibility for post-surgical care with the surgeon and ICU medical and nursing staff. Dr. Wilson has joined you in grumbling about lack of attention to detail among the nurses and has expressed dislike and disdain for Dr. Dellahunt. Dr. Wilson confided in you that he has started compiling statistics on Dr. Dellahunt's success rates, because of doubts about Dr. Dellahunt's surgical skills. Dr. Wilson doesn't want infant deaths blamed on post-operative care.

When you told the nursing supervisor that you refused to work on Dr. Dellahunt's cardiac surgery patients in the ICU, you thought you were solving a problem. You knew Dr. Dellahunt did not want any contact with you either after that incident, and you just can't handle so many tiny patients dying. The supervisor did not see it that way, as she was short-staffed on those days, and wanted your pediatric ICU experience precisely for such cases. "You know the ICU involves tough stuff," she said, "that's what you're being paid for. It's your job to hold yourself together to fulfill your responsibilities. Go get counseling on your own time. And stop antagonizing the doctors. You don't get to pick and choose. You have to work with everyone, when we need you."

You know many other nurses would rather not work with you, because of your tendency to be critical. You will check and correct their charting on a case. You prefer to err on the side of caution when deciding when to remove a respirator, for example. You are also a stickler for patients receiving medication precisely on schedule and have criticized other nurses for failing to deliver medication at the right time. Some nurses have probably cooked up complaints because they'd like to be rid of you and return to mediocrity. Your personality may not be easy, but your judgments tend to be right. When you have occasionally overruled or argued with a doctor's or nursing supervisor's instructions, it has always proven to be the right call: the patient has improved.

You suspect the Nursing Director will also claim that you have had excessive absences and accuse you of malingering or just taking time off. It's true that you have been sick more



than usual this year, and particularly the last 6 months when you missed 12 days. You picked up two severe colds from your kids and you believe you caught a virus in the hospital. You are zealous about not working in the ICU when there is any chance of being contagious, given the frail condition of ICU patients.

You consulted a lawyer to get information about your legal rights and options. You anticipate the lawyer will ask if you want to continue as a nurse at Farmington Hospital. The answer to that question is not simple. You do not want to move away from Farmington. Your spouse's job is too good here, and the kids are just settled into school.

In the past, you have enjoyed pediatric and ICU nursing because they are challenging and fast-paced, and the patients really need your care. The ICU nursing pay is also markedly better. The family needs your income, though you could get by on a regular nurse's salary. ICU pediatrics is your first choice, but general ICU work would be fine. Unfortunately, your choices are limited. The only other hospital, about 30 miles away, is much smaller than Farmington, does limited adult surgery, and has only a small ICU. It does not handle serious pediatric cases (except in the emergency room). Very sick or injured children are generally transported to the Children's Hospital in the City, about 80 miles away. To work there, you would need a positive recommendation from your immediate supervisor.

If possible, you would prefer to stay at Farmington Hospital because of its location, its good reputation in the area, and the fact that it is a teaching hospital. For you to stay, your relationships will have to improve, and you would want them to appreciate your contribution to quality nursing there. You have formed good relationships with at least two nursing supervisors with whom you have not worked directly, and with a few other nurses whose work you respect.

You want access to your personnel file. There's no telling what negative comments might be in there from "enemies" who may be defensive, insecure, and committed to mediocrity.

This last year has been very difficult. Farmington colleagues have turned against you. You have seen too many infant deaths. Still, you were shocked to learn from the nursing director that personal differences with some nurses and doctors would outweigh the value of your professional contribution. It seems clear they aim to terminate you.

You are all set for the meeting with your lawyer.