

## CRONA! The Beginnings...

By Marion L. Mullin, RN and Founder and First Chairman of CRONA  
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It is difficult to be brief and totally objective about CRONA and its beginnings, having been so deeply involved in such an emotional and revolutionary time for nurses at Stanford. And even after all these years, I still get palpitations when I think of the magnitude of what my nursing colleagues and I took on in initiating CRONA. Here are my recollections of the founding and first year of CRONA.

In 1966, I was the head nurse of E2A, which was then a general and post cardiac surgical care unit. At that time, RNs at Stanford and every other hospital in the San Francisco Bay Area received very low salaries. The average staff nurse made around \$250-\$500 a month – about what a general secretary made, and head nurses made around \$550-\$600, monthly. In comparison, maintenance personnel, whose jobs did not require even a high school diploma, earned \$800 per month. Additionally, the Nursing Service Division at Stanford had an extremely high turnover rate, which meant that a smaller core group of RNs carried unrelentingly heavy responsibilities and heavy patient care loads, with short staffing, limited benefits and low salaries. Double shifts were not uncommon, and while staff RNs did at least receive overtime pay, this was not true for head nurses.

Stanford's head nurses bridged the gap between staff and management, being neither in practice. At a meeting which I believe took place in May 1966, Jack Dumas, a new Associate Administrator for the hospital, attended. He announced to the group that the hospital realized that its RNs deserved pay increases but there were other categories of employees who needed raises first. If the RNs would be patient, however, he said we would get our raises within the next two years or so. I was shocked at such a statement. At home that evening, I told my roommate who was then a Nursing Supervisor about the announcement and how angry it made me feel. Her response was to challenge me: "Well, why don't you do something about it?" I said, "I think I just will!"

So, that same evening, I compiled a list of all the important nursing related issues that I believed should be addressed. As I recall, there were about 10 or 15 issues that included compensation/salary as a primary issue, but also retirement, education, scheduling, and patient care related issues. I felt that we would have to demonstrate our determination in some way, therefore we would have to back up our determination with a willingness to resign from Stanford.

We called an emergency meeting of head nurses, and I fully expected my idea to be "shot down" but to my great amazement, every single head nurse was fully supportive and ready to become involved. We formed a Negotiating Committee, which would conduct all negotiations with the Hospital Administration and be responsible for reaching an agreement and signing a contract. We were determined to be successful.

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From the beginning, Committee members made it clear to the nurses whom we represented – as well as to hospital administration – that we believed we could succeed in improving conditions for nurses without having to resort to resignations. If it became necessary, however, we were prepared to submit our resignations and expected that each nurse who supported CRONA’s objective would also be willing to resign. Each of the 325 RNs who were then employed at Stanford was asked to write a pre-dated resignation letter, giving the hospitals two weeks’ notice prior to the negotiation’s deadline date, and submit that letter in advance through their area representative to me. The response to this request was overwhelming. I received 324 letters.

In our established schedule, the Committee had allowed four weeks for serious negotiations prior to our deadline date. If agreement had not been reached by that time, our plan was to submit the resignations. When the deadline date arrived, we held a final late Friday night meeting with the administration, which refused to make a salary offer even close to our bottom-line salary goal. The hospital asked me, “Well, what are you going to do about it?”

On the following morning at 7:00 a.m., I carried two boxes, containing 324 letters of resignation to the Nursing Office and personally submitted them to the Associate Director of Nursing. The resignations would become effective exactly two weeks from that date and time.

From that moment on, the administration got serious. We held frequent negotiation meetings and began to make progress. The committee felt deep responsibility for the future of its members and giant pressure to succeed. On the final day of those two weeks, we finally received a salary offer from the administration that the committee could seriously consider. We voted to accept this last offer from the administration and returned to the boardroom to finalize the agreement.

Finalizing and signing a contract was not easily accomplished, however. The Hospital Administrator, Dr. Bates, became “testy” and began to pout, having isolated himself in his office. He demanded that the final contract include our agreement that CRONA would never again attempt such negotiations, and thus effectively disband itself. No need to state here what the Committee’s reaction was to that request.

Finally, we swayed Dr. Bates and he emerged from his office. We signed the final agreement at about midnight, less than seven hours before 324 RNs resignations would have become effective. We had succeeded. Each of us felt great satisfaction at having achieved this first successful collective bargaining agreement in the hospital’s history. Even more importantly, I believe that each RN member of CRONA felt a deeply satisfying closeness and unity with every other RN at Stanford. Our collegiality was newly established and a treasure that few of us had known before.

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