

Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

Nature of restrictions on use of TRANSCRIPTS:

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Katherine M. Day RN
Interviewee (signature)

5-6-1987
Date

KATHERINE M. DAY RN
Name of Interviewee

*Modified from: Charlton, T. L. (1981). Oral History for Texans. Austin: Texas Historical Commission. p. 64.

This is Joyce Finch, Ph.D. Today is May 6, 1987. I'm interviewing for the first time Mrs. Katherine Day. This interview is taking place in the faculty office at ASU West in Phoenix.

This interview is sponsored by the Arizona State University College of Nursing and the Arts, Social Sciences, and Humanities Council. It is part of the Contributions of Cadet Nurses Project.

JF We'll start out with your education. You were saying that you went into the nursing program as one of the second groups of Cadet Nurses in 1943?

KD I entered nurses' training on September 1, 1943 at Warren City Hospital, Warren, Ohio; in 1947 its name was changed to Trumble Memorial Hospital. The Hospital was approximately 250 beds at that time. I spent three years there except for three months affiliation at Children's Hospital, Akron, Ohio and two months affiliation at Toledo State Hospital, Toledo, Ohio.

We did not have college affiliation, because due to the War we did not have transportation to Youngstown College. Thus, our classes were conducted by the doctors and followed up by various nurses. The nurses who followed the doctor's lectures had post-graduate courses in medical/surgical nursing. Our OB Instructor had a Bachelor in Nursing and a Master's in Education. Our OR Supervisor had been there many years and had taken post-graduate courses. Of all the ones I remember, I remember her the most. She was very strict, but fair. You did not get away with anything. She was always there to give us a lot of encouragement.

JF Aseptic technique was very important in those early years.

KD Sunday morning if you worked, that was the day for cleaning. Everything was cleaned. The one thing that I remember mostly is, now with all the talk about drugs, was that as students were allowed under supervision to make up Novocain solutions, which was a tedious job. It seemed that the solution would never filter through, making one feel like poking a hole in the tip of the filter to hurry the process up. The drug was kept under strict control in a compartment requiring two keys to open. The keys were kept in the nursing office or in the supervisor's locked drawer. I spent a lot of time in surgery, most of which was as a scrub nurse, and was allowed to make up my own instrument packs.

JF But that sounds like it was a mark of some special competency when you could set up your own instrument packs.

KD Well, I knew what the doctors wanted, and I knew that certain doctors wanted a couple extra hemostats. They may not use them, but they wanted to see them on the table. I was the first student allowed in Surgery without an RN. This was when I was a senior. They apparently felt that I was capable. I did not know, though. It seemed through all my training, even on my affiliation in Pediatrics where I was put in charge many times... For instance, in Akron Children's Hospital when I was there, I was the only student to be put in charge of the Emergency Room and Clinic. This was done one time because one RN was on leave of absence and the other RN, her mother was sick and she was called home. The Chief Resident of Pediatrics told the Directress of Nurses, which I always felt was quite an honor, that if she would send me down to ER, that we would be fine for the weekend.

JF Were you comfortable with that responsibility, do you recall?

KD I think perhaps I was, because I'd had two years at a mental institution. I worked two years as an attendant. I was a charge attendant there for a long time. Many times I sat in on the classes with students. Even though I was on duty they would send me down to the classroom. I never really knew why for a long time, but when I was made charge attendant I could see why. Because I had a better knowledge of the patient care. I did feel comfortable.

JF If you had some work experience, then, before you went into nursing school you were a little bit more mature, maybe, than some of the other students.

KD Most of the girls in my class had worked a year or two, but none worked jobs related to nursing. The only reason I went to work at the State Hospital was that it paid more, in the little town near where I grew up. My high school preparation was towards college. It was academic or college preparatory classes. I was not prepared to go to the New Process Company and work as a secretary or typist. I was the oldest of nine children and money was not available for further education.

We spent three months at Children's Hospital, Akron, Ohio. I enjoyed it, but "Peds" was not my interest at that time. I remember we were there V-J day. All the students were kept on campus, even though we asked to be allowed to go out to celebrate the ending of the War. We were prepared, even at Children's Hospital, for accidents. They only accident that day was a "fender-bender". I went back to my home hospital, then to Toledo State Hospital for two months. By the way, I was asked to come back for my last six months as a Cadet, both at Children's Hospital and Toledo State Hospital.

JF That seems like quite an honor.

KD I was the only student at our school that was asked to go more than one place for our last six months. At that time, I was very interested in Psychiatry, so I thanked Miss Schroeder from Children's Hospital, as I had received a letter from her in addition to the one sent to my school of nursing.

We were not allowed to go away for our last six months, because our Directress of Nurses decided that she needed the seniors at home. I was to leave the last six months to go to Toledo. Two girls were to go to Children's Hospital and three girls were going to Veteran's Hospital in Louisville, Kentucky. We were told we couldn't go about three weeks before we were to leave. Three girls in the class ahead of us had spent six months at Veteran's Hospital in Louisville and came back full of enthusiasm over new techniques and experiences they'd had. Needless to say, we were excited and were anxious to go to the various hospitals. So we were very, very disappointed about not being able to go. I'm sure all six of us were quite rude, because we went to the Medical Board and to everybody we thought could help. We were told that the Directress of Nurses had the last word, and if she needed us at home, they couldn't help us. Our class always felt that the Directress of Nurses had it in for our class (she came when we were seniors). We were considered the favorite class of the doctors; why, we never knew for sure. Perhaps because we were the last class that entered under the "old school of nursing". The changes in nursing schools started when we were juniors. We felt that some of the changes were for the best and that others were not. The doctors were not too happy with some of the changes made. There was quite a conflict between the seniors and the new freshmen at that time.

We were ready for graduation at the end of two years, as they did not know how long the War was going to last. When the War ended in August of 1945, the American Nurses' Association said they would not recognize the two year graduates, even though we had completed all required classes and affiliations. So we had to complete our three years. There were some two year schools; one in Buffalo, New York. But their graduates were not recognized as RN's.

JF Going back to your comment about there being some conflict between the seniors and the freshmen, do you mean they were a little bit uppity?

KD Oh, yes. You know, it used to be a procedure or policy in the old school that the probies gave all the enemas at 4:00 in the afternoon. I remember lists of those who needed enemas. So Marty, one of my classmates, made out the list and the instructor came by and said, "My girls are here to learn, not to work." Well, I won't repeat what Marty told

the rest of us, because we were graduates at the time. The Directress of Nurses also told us the day we went to take State Boards that she was not responsible if any of us failed. She came when we were seniors. She did not go with us. We went over to Youngstown to take the State Board. One of the instructors went with us. We all passed. We were the only school of nursing that took the State Boards in November of 1946 where every student passed, of the schools who took the Boards at Youngstown, Ohio.

JF You must have felt vindicated.

KD We did. The Directress threatened to take our black bands away from us as seniors for the simple reason that it had been reported to her by lower classmen that the senior students were calling the doctors by their first names -- "heaven forbid, in that day and age" we would ever think of calling a doctor by his/her first name, but we had pet names for them -- Dr. Smith was Smitty, Dr. Williamson was Willy and our Chief of Staff was RBD. We did not use them in front of the doctors, only among ourselves as terms of respect and affection for them. A little note was posted on all units stating that the seniors were in danger of losing their black bands for being too familiar with the doctors. We didn't know what we had done, but we soon found out. I was working 3-11 in OB, I went down to Surgery to get the baby and bring it back to the newborn nursery. We had a patient there for a Cesarian Section. I was standing at the doorway of the operating room waiting for the baby, when the Anesthetist said to me "Katherine, if you don't call me John, I'm not talking to you". I didn't reply at once and he repeated it, louder this time. I just stood there and said, "Dr. Caldwell, you know better than that." The Directress was standing behind me and turned and walked away without saying anything. It seems that whenever she was in hearing distance of the doctors similar remarks were made by the doctors. The notes went down that evening and we did not lose our black bands. We were not calling the doctors by their first names as reported. We had been talking among ourselves in the Emergency Room, wondering if Smitty had been notified that his patient had been admitted to the ER. To this day, I do not call the doctors by their first names.

JF But it sounds like that still rankles.

KD What?

JF That old animosity between the students and the Directress.

KD Well, I think it does because I've talked to the girls in my class over the years, and we all have felt that way. The two Directresses we had before this last one were very nice to us. They were strict. The first one we had was from the old Women's and Children's Hospital in Boston. I remember her. But you know, those are the ones you remember the most

because they really taught us a lot. They were the old school, and they had the degrees. But to get back to this affiliation in our last six months. We told the Directress that no student following us could go on the last six months affiliation under the Cadet Nurse Program. If we could not go, then no one else could go. So we got our way. We had been in two years and we had a year before we took the State Boards. So we got a review class in nursing. We were told we could go work where we wanted to in the hospital so I took three more months in Surgery and six more months in OB. You know you look back on those old days and they were strict with us. They had the curfew and everything, but we enjoyed it. We enjoyed raiding the kitchen at night. But you didn't destroy things. I often compare when I went over to ASU and got my Bachelor's in Nursing, back to when I was a student. We were more patient-oriented than they are nowadays. Now they are machine-oriented. You go into the Critical Care Units; of course I was in CCU when I returned, and I could read the monitors and tell you the rhythms. I could tell you what was going in there. But I could also tell you much more by watching the patient what was going on. You can have all these monitors and EKG strips, you can have everything running. But you watch your patient. If the patient is getting ready for a good MI, he is very anxious. They don't know what's going on. They can't tell you what it is, but they have that "doom's coming" feeling.

JF They sense something is going wrong in their body. Well, let me go back in terms of that education experience. Do you recall how large your class was when you went into it?

KD There were 36 of us and 16 of us finished. None of those were let out because of grades, or for discipline. The students that left training were ones whose parents -- mostly their mothers or grandmothers, or maybe an aunt -- had always wanted to be a nurse, so here came an opportunity. I will give the girls credit. Many of them dropped out at the end of the probie period and they were very honest about it. They had tried, but didn't like the idea of becoming nurses. I remember our nursing instructor said that they were honest.

I have always felt that along with my surgery supervision, I owe a lot to my Nursing Arts Instructor, Miss Morres, who in my opinion as well as the other students', was the "ideal nurse". She taught us the "ideal way" of nursing, as well as the fact that when we finished our training we would face "reality" in our field. She gave us all a lot of encouragement, listened to our fears about brothers and other family members in the Service, as well as our many friends.

Four of the girls went on to become teachers, which they had wanted to do in the first place. But so much pressure was put on them. I think that's true with a lot of students

even today. Pressure is put on them because "momma" wanted to be a nurse, or even "grandma".

JF That may be true not only in nursing.

KD I think it is in everything. Now, my relatives felt I should be a teacher. Heaven forbid! Though I must admit, I went into nursing with the idea of becoming an instructor. I had a great aunt who was an instructor. She had started out in education with her two sisters who became established teachers. This aunt became a teacher, but she could not stand it. She was one of the best instructors nursing had, I was told when I wrote back to the hospital where she was employed, for information on her geneology.

JF It does sound as if you had close relationships with the students you went to school with.

KD Oh, we did. We worked hard. After our probie period was over, it was hard in classes. Even at that time they were starting to push. We were on the units after we got our caps, and we spent most of our time on evenings or nights. Except on my affiliations, I was fortunate to have stayed on days most of the time under the eye of the Directress of Nurses. Then time in Surgery, and time in the kitchen in Nutrition. We did our own cooking. If the cooks liked the students they helped us by giving us potatoes and things which were already cooked. But it was quite an experience, that six weeks. In Pediatrics at the Children's Hospital, we had to spend some time in the formula lab. I was in Children's Hospital during one of the polio epidemics. The only time I spent on nights was in Isolation. I remember this one little five year old boy that we did not think was going to make it. At that time they were questioning a relationship between taking tonsils out and polio. There were six children in this little area who had all had their tonsils out. Three of them developed polio. Of course, at that time the thought came up that if only they hadn't had their tonsils out. Well my question was, if three of them got it, why didn't the other three get it? I always had an inquisitive mind. One of the doctors thought I should have gone into research. But I couldn't see why these three got polio. They all played together and all went to school together, but three did not contract it. Well, this little boy had the bulbar type. Then he tried to swallow. He didn't like orange juice so we gave him pop and jello. You hear this little voice, "Nurse, can I have a drink of water?" I went in one day, that's when we were doing the Sister Kenny packs. Here he is with his feet up doing the bicycle exercises. I said, "Johnny." He said, "My big brother told me if I come home, then I can ride his bike." Johnny went home. Today Johnny has five children and one little boy is just like his father -- obstinate. I met them about six years ago. He has a very lovely wife and very lovely family (they live near one of my brothers).

JF That must have been a wonderful visit for you.

KD Oh, it was. As I grow older I begin to realize I must have made an impression on some patients. Why do I get letters from them, why have they kept in contact with me for years? I have always been very patient-oriented and I think that is why I got quite disgusted with nursing toward the end. I've had a lot of experiences. I told you I got my diploma in September of 1946 and I got my Bachelor's over at ASU on February 15, 1972. I got a Master's in Education in May, 1974 at ASU. I had had some problems at the School of Nursing with some of the instructors. I told my husband that, and in fact, I was so upset with one that I was going to quit. She was my counselor, too. But my husband convinced me I should go on and finish it. Then I went into education which I did enjoy. In the College of Education we were treated as adults. In the School of Nursing you were treated as beginning students. Even though we were graduates and I'd been out for 25 years! I did not like that. We all graduated with high ideals, in what we were going to do. But after graduation, the day you leave your training school, you see them going down, even though you try to maintain them. You face the world of reality at that time. I think we should all try to maintain our high ideals, which I have tried to do over my 40+ years of working.

JF We did make a big leap from one education experience to the other. Let me ask you how the Cadet Corps made a difference in your nursing?

KD I would have been unable to go into nurses' training, if it had not been for the Cadet Nurse Corps. Before I went into training, I worked two years at Warren State Hospital as an attendant, later as charge attendant. I remember the Supervisor at Stone Building (Admission Unit for mild cases) saying to me "You know, Katherine, you're planning on going on to become a nurse, and this will help you." She, along with several others there, gave me a lot of encouragement to work toward entering nursing school. I taught hydrotherapy, cold wet packs, and continuous warm tub baths to students and occasionally attended classes with the students. At times, when I was in training, I felt like quitting and going home. I'm sure all students felt that same way at times. In fact, I had my bags packed three times to leave, but my mother refused to send me bus fare home, and believe me it was too far to walk -- 135 miles. So, I stayed and needless to say, I've always been glad I did. There comes a time when you think "This is it, I've had it." You may have worked all night and get called to come back and work the 3-11 shift; or you thought you had a day off, and get called to come back to work. I got called back to scrub in surgery one time for a visiting doctor from Mayo's. It was the Chief of Staff's patient, the doctor was

very nice and it was quite educational. When we finished the surgery, the visiting doctor said to me, "Did they wake you up this morning?" I said, "No, they caught me going out the door." He said "Evidently it is your day off." I said it was. He thanked me for giving up my day off to help him. I learned later that he had been told that a senior nurse would be scrubbing for the case, but not that it was her day off. I do not remember his name, only that he was an older doctor and I learned a lot from him that day. You could tell that he was used to having medical students with him, because he talked all through the surgery, explaining everything he did. Our doctors taught us not only in class, but on the units and in surgery. I always felt that as a scrub nurse in surgery (surgery was a class in anatomy and physiology), one never knew when they were going to ask what muscle, ligament or artery this was.

JF Do you think that you would have been a nurse anyway without the Cadet Corps?

KD I think eventually I would have, as I was saving my money, but very slowly. One didn't make much money at that time. I was getting ready to look into loans for Meadville Hospital, Meadville, PA. I also had checked two other training schools when this opportunity presented itself (the Cadet Nurse Corps) which solved my problem, as well as for many others. I had begun to think that I would never get the money saved, as money was not easy to come by.

JF Money was harder to get in those days, than it is today. And I think you did mention that, near as you could tell, being a Cadet didn't change the kind of education you had. It was pretty much the standard curriculum.

KD I could see no difference in it. We had what we called the regular students. They went to the same classes that we did, they had the same books. They had to do the same type of work that we did. They were disciplined the same as we were if they didn't get their work done. And I could see where there was no preference shown to them. I know that a lot of cadets felt that maybe there would be preference shown because they were "paying their way". But I could see no difference in the treatment we received. The only thing was that, as cadets on trips of affiliation we had to wear our uniforms and we were given preference because we were always put on the troop trains. I remember this one time we were going to Akron and were put on the troop train with soldiers and sailors, and the WACS and WAVES were sent to another car. The conductor had a daughter who was a cadet nurse and he thought we were better people than the WACS and WAVES at that time, that's what he told us.

JF A little discrimination there, on the basis of role.

KD No, I never saw any difference. I talked to many, many students on affiliation from the other hospitals. None of them ever expressed any concern. The feeling that we had after we had finished and gone to different places was, "Oh, you were a cadet and you got paid to train." My reply was, "You could have been a cadet, too." In fact, this counselor I had at ASU, that was one thing I had against her because she was always running the cadet nurses down. Also, is Dorothy Smith at Gainesville, Florida?

JF That sounds right.

KD Julia Munch and Dorothy Smith got into it over the Cadet Nursing Program. She was running the cadets down one time at a workshop, and Julia did not appreciate it. She spoke up before I did. This was at a workshop that Dorothy Smith gave at Good Samaritan Hospital.

JF There does seem to be some animosity. I'm not quite sure why, but I think you're right.

KD I think maybe some of the nurses, both the "regular" nurses and cadet nurses, may have been that way. In our own hospital, the doctors always told us they were glad we were there. We never heard them distinguish between a regular student and cadet nurse. And on affiliation in the classes and the doctors, we never got that feeling that we were different because we were cadets.

JF Well you graduated, then, about September 7, 1946.

KD Yes.

JF Let me go back with one question before we get into your work role after graduation. One of the nurses that I talked to said that in her town where she went to school, it happened to be Des Moines, that they had a swearing-in ceremony for the cadets. It was a rather formal thing, where you raise your hand and say, "I swear" before they ...

KD We did that when we went into training, because we were taking an oath to the Government.

Jf Okay, do you remember who read you that oath. Was this someone in the school or somebody in the Government?

KD It was at the school, but I'm not sure who the person was. He came down from Cleveland, so he had something to do with the medical corps up there in Cleveland.

JF So it was a kind of formal swearing-in?

KD Yes.

JF That's interesting because that seems to be something that was rather variable. Not everyone did that.

KD I think it depended on the school of nursing. Mrs. Stanfield was our Directress when we entered, and one thing she did not like was that we went to the USO dances over at Greenville, Pennsylvania. She felt that nurses were officers. Even her student nurses, she felt, were going to become officers in the service. Mrs. Stanfield did not want us to go to the USO dances as we would be associating with enlisted men, rather than officers. I said to Mrs. Stanfield, "I have a brother who's in Germany right now, and I have several cousins and they are not officers." Some of them did become officers. My brother became an officer on the field.

JF Yes. But there was a little sense that there you were preparing for a certain kind of role which they were foreseeing. Of course, for many people that never materialized because the War was over before a lot of people actually got out of school and went into the military.

KD I would have gone into the Navy but I got married instead; to the same fellow I went with when I was 18.

JF Okay. So you graduated in '46 and I know you got married. Did you work?

KD Yes, when I finished graduation I went on as relief supervisor before I had my RN.

JF Now this was in your home hospital?

KD My home hospital, and I said to the Directress of Nurses, the one who would not allow us to go on our six months affiliation. I said to her, "Why? The other nurses are going back from service and we have nurses here who have come back that were supervisors." She said, "Miss Hanson, I've always felt that you were very well qualified for what I'm having you do. The Medical Board met last night and I put up five names. Four are RN's and yours, and you were picked." So I immediately went up to Surgery to Miss Henchen, my old friend, and I asked her why. She said, "Miss Hanson, don't you realize that all these years we've been grooming you for this?" I said, "Well, but there's others that can handle it." She said, "No, you'll do the job." The first time I was on alone, everything broke loose, I remember. I had nobody to fall back on but myself.

JF Now, when you say that you were supervisor I'm inferring that you were supervisor of the entire hospital.

KD Yes, the entire hospital.

JF So you were supervising a lot of students that you had recently been in school with?

KD Right.

JF You said that all of the people that you had talked to about this assignment said that you were qualified and competent and ready for this, and that they saw this potential in you. Did you agree with them at the time?

KD No, not at the time. I won't say I was frightened, but I was very apprehensive. And the first two weeks were not too hard because I had the other supervisor with me. And then like I said, the first weekend I was on alone everything happened. At that time, the supervisor was in charge of the students, some of whom were six months behind me. If OB was busy, you had to go up in the Delivery Room. You also had to be in the Emergency Room if you were needed. Even though I was supervisor I still went and helped the girls on the floor because I knew which ones were busy. Like One West — every hospital has a floor that's busy. So I'd go there and help. I'd go to OB. I was one of the first nurses in on the first exchange of blood we gave for an Rh negative baby. I'd already put three RN's up there in the nursery that night. I called some in and I had two senior students up there, and I felt that was enough. I was called and I had to come up there to be present. I told the doctor that I'd given him plenty of help. He said, "That's alright, you be here too." It was quite interesting.

JF So you were really quite a generalist in terms of what you had to do.

KD Yes.

JF How long did you have to do this?

KD From September until July 1, 1947. I got married in June of '47.

JF Was your intent to retire from nursing at that point?

KD No, I had just put in three years of hard work. So I took three months off and we went to California. It took me only two weeks to get my reciprocity in California.

JF So you moved to California, this was not a honeymoon trip.

KD No, my husband worked for Standard Oil of California, and had to be in California September 10, 1947. It only took two weeks for me to get my reciprocity in California. It surprised me.

JF In the '40's, that was quite a coup.

KD Well, the State Nurses' Association President was the same Directress who was the Directress of Nurses at Toledo State Hospital — the one who wanted me to come back there. But I did find out one thing that the different states were doing at that time. If they needed help in Los Angeles County Hospital or Orange County Hospital or other County Hospital, they were taking out-of-state nurses and telling them they required three more months in OB or Surgery or whatever. The way I found that out was that we had three girls from Erie, Pennsylvania, St. Vincent's Hospital. Two of the girls were sisters and the one of them had just got through her State Boards. The one who pulled the second highest mark that year on State Boards in Pennsylvania, including all the college schools, was told she needed three more months in OB. She told them where they could go and went back to Erie. I found out about this and talked to the President of the State Nurses' Association. I asked her why this was so. I told her it wasn't fair. I talked to a girl who graduated in San Francisco who didn't even know how to assist in Surgery on a plain appendectomy. She had no idea what instruments to set up, or anything. So I've always felt that in a lot of the states, the out-of-state nurses were used. Arizona did the same thing. The Arizona State Nurses' Association and I had quite an argument over it. I and some other girls threatened to report this State Nurses' Association to ours.

JF Now, the State Nurses' Association didn't have anything to do with reciprocity or licensure.

KD You applied down there, and they okay'd your transcripts. At the time I applied for reciprocity, your transcripts from your school were required by the state you were applying to. I happened to see my transcripts that came through from the hospital, because they made the mistake of sending them to me and not to the State Nurses Association. So I took them down. On mine from Akron, Ohio, I remember written right across the thing was "An Outstanding Student". You see,

good as you thought you might have been, because you had everybody telling you how good you were as a nurse. So even now, since I've retired, I've run into doctors who say they're sorry that I've retired. I said, "Well you have the younger students coming up that are more knowledgeable about the new things." They said, "Not that much."

JF They may grow into the job.

KD I think they will. I think they need a little more hospital experience. I know that when the students came in from ASU, and even students from Glendale and others, I tried to help them as much as I could. But I went at it from a practical point of view, more than idealistic. My head nurse one time said, "The ASU students are afraid of you." I said, "Well how come they come to me for help, when I'm not assigned to them? How come I get the letters of thank you? How come I get little tokens, little gifts, things like that?"

JF Let's go back. You had applied for reciprocity in California -- this is back in '47. Then you went to work there?

KD I worked at Whittier, California at the old Murphy Memorial Hospital, which had about 70 patients. Our son was born there. At that time you had to leave when you were seven months pregnant, so I took it off. Then I went to Fullerton, California to a small Catholic hospital. I don't think there were more than 20 patients in that hospital, and I worked in OB there.

JF When you were at the Whittier Hospital, what kind of role did you have?

KD I worked on OB. There was one Head Nurse over the entire OB Unit, which included floor, Nursery, Labor and Delivery. I worked mostly in Nursey, Labor and Delivery. We alternated as to who would be in charge. We even made up the formulas. Also, if OB wasn't busy and they needed help on the second floor -- Medical-Surgical -- we took turns floating up there. Usually there were two nurses in Nursery (it had 10 beds) and Labor and Delivery (with two labor rooms and one delivery room).

JF Then, how long did you work at Whittier Hospital?

KD From October, 1947 to April, 1949.

JF So then you had your first child?

KD Yes, my only child.

JF And then you went to Fullerton. How long did you take off?

KD My son was nine months old when I went back to work. I took fifteen months off, and I worked just about four months, because we had to go back to Pennsylvania because of illness in the family. Then I went from March of '51 to June of '52 to Toledo, Ohio. It was Riverside Hospital, which used to be Women's and Children's, on Summit Street. I worked in Pediatrics there as Assistant Head Nurse and sometimes I'd have to go down to OB to take charge down there. Then I worked two months in Medical-Surgical to "straighten out the unit".

JF What was the matter with the unit?

KD Well, it was shaped like this — the girls in this hall were not speaking to those in the other hall.

JF So there were two wings?

KD Yes. Right here was our nurses station. The halls met at an angle and the nurses' station was located where one hall met the other by a "sunroom". So I found out that some of the girls on one unit were getting every other weekend off; some of the girls on the other unit hadn't had a weekend off in a month.

JF That doesn't sound quite right.

KD It took me a little while to get that straightened out. We had student practical nurses at that time, so I had charge of those and taught some of them. It was quite interesting. This was my biggest challenge, to get this unit straightened out.

JF You said you were only there for a couple of months. So it might have been a big challenge to get into what was going on there.

KD Well, I'd been down there a couple days to relieve before. When I came back, I said to the Pediatrics instructor, "I can't understand that unit. Nobody speaks to each other." I happened to have a patient in a room in one hall and a

patient over in the other hall. Here I am between these two. I just didn't like it.

JF So how long did you work at the hospital in Toledo, then?

KD From March of '51 -- and that's when we first went under Social Security, the nurses -- to June of '52. Then we left Toledo to come out here for our son's health.

JF By here, you mean Arizona?

KD Arizona, yes. Phoenix. Believe me, he's as healthy as they make them now.

JF It sounds like it was a good move then.

KD Well, we thought he was going to have asthma and I'd been treating him with penicillin. I was so tired of giving him penicillin shots. We came out here and I took him to the doctor. The doctor back in Toledo told me his tonsils were a little enlarged, but he was only about two years old and he didn't want to take them out. So I made up my mind that the next time his throat was sore, we'd go check and see if it was his tonsils. I never saw such puss pockets on a pair of tonsils in all my life. We had his tonsils out and the kid had little flaps on the tip of his tonsils, like on the trucks, and that was causing his coughing, which we thought was going to be asthma. So then I worked at the old, old St. Joe's Hospital for about three months in OB. That was catercorner from the old St. Mary's -- not the one on Thomas.

JF The old St. Joseph's was where?

KD At 4th Street and ... Well, it was catercorner from St. Mary's Church. It started out many years ago in a house.

JF So that would be about Van Buren?

KD No, more like Fillmore, I think.

JF Oh, so it was more north of St. Mary's, and not south.

KD Yes. It wasn't much more than an old house when I worked there. The person in charge of OB was Sister Mary Zita. She knew more OB than the doctors. The day that I went there, I felt like I was a probie being questioned by her. And I thought to myself, "Well, I guess I'm not going to make it." She got all through and she said, "You suit me fine."

JF So she was checking out your credentials?

KD Checking out what I knew about OB. Then it was hard for my husband to find work, as there's no oil out here. So he

went up to Show Low and worked on the dam up there. Then I took some more time off to be with our son. Then I came back November of 1952 to September, 1953. I worked at the old County Hospital out on Durango. I worked mostly Peds. I was in charge on Peds. When I first worked there, I worked in the ER at nights, which I guess you call mostly charge, as you were the only nurse there. I filled in a few times over on the OB floor, but mostly Pediatrics. That was an experience. You would see those children that came in. They would be so malnourished, you couldn't believe it. I think the first thing I did after I went there to work was go home and check out my son's veins. We gave so many IV's. It was kind of sad, too, because we used to check with the OB nurses to see how many babies they were sending home, and we would wonder in how many days we would get those babies back.

JF Dehydration?

KD Yes. And malnourished. We had a lot of the Yaqui Indians from Guadalupe at that time. If you said anything to them, they would fall back on their old pagan ways. When you'd ask them why they had done something, they would say because of what the medicine man had told them. I remember one family which brought this baby in. This was the sixth child in this family that had been brought in for malnourishment and dehydration. The other five had died and this was a dead on arrival baby in the Emergency Room. Of course, I was quite upset when I saw the father bring the baby in because a week ago we had sent this baby home from Pediatrics in very good condition. I questioned the father. The baby didn't look quite right to me for having just died at home. So I asked the father to stay. At that time at the County Hospital we could ask the people to stay, and we were allowed to call the sheriff or the police in. Checking through with the baby, the father told me who, by the way, was quite well nourished, as was his wife, that they would have the food at home but the mother did not know how to cook or prepare off for the baby/children. And of course, I felt like saying to the family, "Well, you're well fed." It seemed that the baby had gotten sick at home, he'd been home a week. And this was a twin, by the way, and the other twin had died. The baby was about eight months old. Then I talked to the father a little while longer about what had happened. He said he'd fed the baby ice cream, and the baby didn't breathe right, so his sister-in-law pushed on the soft palate. I learned later that this is how the Sioux Indians did away with undesirable babies. What I mean by the undesirable babies were the ones that could not live -- they were crippled, they were malformed, things like that. Not with healthy children, but with "cripples". I asked the father why he did not bring the baby in sooner and he said he could not get a ride. He had to wait for a friend to bring him in. I questioned him about the parish priest bringing him in, and he said, "No, the parish priest did not

drive." I knew that the parish priests had drivers and there had to be a driver on call at all times. Then he kind of backed away from this, because even though the Yaqui Indians were supposedly Catholic, they did not like to "tangle with the priest" over certain things like this. The priest did come in and talk with me later about the family. This was sad because we had several children brought in from Guadalupe in this condition. I remember one time one of the nurses in ER took a brown paper patch off the fontanel of the baby and we were told that the baby would die. This was an old Yaqui superstition that you keep the brown paper over until the "soft spot" healed.

JF Did you ever hear what happened to the father over this situation?

KD No, when you talked to the police or the County about it, there wasn't much they could do. You couldn't definitely prove what they had done. At that time we were told that the Yaqui Indians were not wards of the United States Government, that they were an old war-like tribe, cousins to the Apaches. They had been driven out of Mexico.

JF So they didn't come under the same rules as the Bureau of Indian Affairs?

KD No. You asked me how many children we had there. Sometimes we had about thirty, sometimes twelve. And they were interesting to take care of, the little ones. One thing is, never tell your child not to tell a nurse anything, because that's the first thing they tell you. We had all types of cases there. They were surgeries, medical, burn cases. Then I went on to the Indian Hospital.

JF And when did you go to the Indian Hospital?

KD I went there in September, 1953 and left there in January of 1955 for personal reasons.

JF What was your role at the Indian Hospital?

KD Staff nurse or charge nurse. The oldest nurse in employment on charge. But we did have different charge nurses. At that time, I worked at North Central and Indian School Road where the Indian School is. The hospital on 16th Street was a TB sanatorium for the Indians. An interesting thing is that the food was all cooked over at 16th Street and brought over to us. That's why I can't stand mutton stew.

JF I guess that is a staple for the Indians.

KD Oh, the Indians loved it, especially the Navajos. I learned an awful lot from the Indians. I learned a lot about American Indian history. Coming from Back East, most of the Indians that I knew were the Corn Planters out of

Pennsylvania and the Senecas out of New York state. I think my first memory of the Corn Planter Indians was in the Fall of the year and at the corner by the bank, the women came in and sold dried flowers and seeds, and Indian crafts. My mother always made a point of getting down to see the Indians. She enjoyed visiting with them and would always buy something from them. They were quite well educated. There were a lot of college graduates. At that time the doctor on the Corn Planter Indian Reservation was a University of Pennsylvania Medical School graduate. Can I add one thing in about him?

JF Sure.

KD When I was twelve years old, I was bitten by a cat. It turned out to have rabies. With all the doctors we had in town, and quite a few were called from surrounding cities because they did not think I was going to live overnight, my father insisted on having the Indian doctor called in. Somebody said to my dad, "A medicine man?" And I remember the surgeon taking care of me said, "No way. He's a University of Pennsylvania Medical School graduate." You could not believe the respect they had for this man. He said to them, "Well, with all our modern things, she has to go up to surgery whether she has temperature of 105 or not." So they took me up there.

JF You got well?

KD Yes. And I always liked him. But getting back to the Indians here in Phoenix. I found out that there were quite a few that came in who were college graduates. They would come back on the reservation to more or less help their people. But, like one woman said to me, "You are not going to change the old ways." Some of the men were graduates of the Carlisle Medical School in Pennsylvania. One man talked to me who had gone to school with Jim Thorpe.

JF You said earlier that you knew Ira Hayes.

KD I knew Ira Hayes toward the end there, when he had come back from Chicago and gotten over his drinking. But Ira, and I have the utmost respect for him, was not drinking toward the end. He would bring the food cart over from the 16th Street Indian Hospital and he was a very pleasant, very knowledgeable man. I think he was a lonely man. I think the whites had used him when he got out of the service, with him raising the flag at Iwo Jima. I don't think Ira knew how to handle this. I got reported to the Tribal Council from San Carlos because I asked some young fellows from San Carlos who brought in their "Apache Brew" to leave. Some of my young Indian patients drank it and we had quite a time with them, an awful time trying to get them settled down. The Tribal Council came down from San Carlos to talk to me about it, that I had the nerve -- a white woman -- to ask

the nephew of one of the Tribal Council members to leave. But I asked him, "Did your nephew tell you why?" He said, "No, just that you won't let him see them." I said, "Well, ask him about the Apache Brew he brought in." Another older member on the Council said something to him and the leader of the Tribal Council had to apologize to me -- that I was in the right, that he was in the wrong, and the nephew was responsible. The nephew did not come back for a long time. Then, about three months later, the nephew came in to see some others and he was told that he could not go in unless I okay'd it. But he was very nice at that time. We had a lot of Indian paraplegics come in, because the young fellows would get their new trucks, they'd go out on the back roads there on the reservation and have accidents. How they survived for two or three days, we don't know. But at that time there was a little unrest coming in between the Indians. You could see it in the Indian employees. The fellows that had been back from service felt that their families should get a little more from the Government. I agreed. Like this one LPN I had whose grandmother was making Navajo rugs and selling them for next to nothing. When her son came back, this mother about tripled the price of the rugs. They were beautiful rugs. I took care of some of the Navajo interpreters that practically drove the Japs "nuts" because it seemed that if the Indians liked you, they'd do anything you wanted. But if they didn't like you, they did only what they had to do! The Indians were aware of who respected them and who did not. I found out that if you showed respect to them, they respected you. If they did not respect you, though, they would do only what they had to do. They would not volunteer any help.

JF That doesn't sound particularly Navajo, though.

KD It's all the tribes. I'm talking now about all the tribes that came in there.

JF But I was just thinking in general that if you earn somebody's respect, they tend to be easier people to work with.

KD But you did have to earn their respect. I was called by an elderly Indian man "a good white woman". When they say that, it's the best compliment you can receive. I think that's about it, though. Now, the OB's, the women seemed to have more confidence in the nurses delivering them than the doctors. Not that they thought that the doctors were not capable, but I think they could relate to the women better. If you looked down the corridor and saw a hand raised, you went into the delivery room and the patient was up, ready to go. Going back to the Yaqui Indians, most of them squatted to have their babies. You might just as well forget putting them up on the delivery table in stirrups.

JF That would be quite different to nurses who were used to stirrups.

KD But you learned to go along with their customs and what they felt they needed.

JF What did you do when you left the Indian Hospital?

KD I stayed home for a little while, then I went to Good Samaritan Hospital and worked there about four months. I left then because I wanted to stay home with our son. I worked Pediatrics at that time. At that time, you were given a week or two orientation. The other nurse that came in wanted to go to Peds. and she had applied about a week before I had. The only thing left was Medical-Surgical, nights. I said that was okay. Well, the last two days of orientation she decided she wanted to go to Medical-Surgical and I would go to Peds. So after the two week orientation, on Medical-Surgical, I went to Peds.

JF Was that okay with you?

KD Yes. I wanted Peds. I left for awhile and went back in November of 1959 to Good Samaritan. I took early retirement in June of 1985. At Good Samaritan I worked in all the departments. The last eleven years I worked in CCU. From 1974 to 1985. And that included relieving in the ICU (Medical-Surgical), and relieving up in Neurological ICU. I helped open up Telemetry at Good Samaritan on what we called the old E-4. The north part of E-4 was Telemetry and the south end was the critical care part of CCU. With telemetry we picked up many abnormal rhythms on heart patients. At that time it was experimental. I do remember one patient taking his telemetry pack home with him, that was after we started charging \$10 per day for it. He felt that he'd had it on for three days and he'd paid for it. Finally, his wife called from Wickenburg, and she said, "Are you by any chance looking for your telemetry pack?" I told her we were. She said she would bring it down the next time she came to Phoenix. She said her husband had decided he'd paid for it. We had explained it to him. In fact, we had him sign a release when he first came in regarding it. Even with telemetry the one thing I was interested in was watching the patients. I've always been patient-oriented. I kept telling them this one night to watch this man in one room. He was anxious. He was fidgety. I could tell that he was working himself up into a heart attack. I remember everybody laughed at me. But half hour or so after I went home, he had a massiv MI. No change in the rhythm on the telemetry! So when I came back that next morning -- we had a bulletin board that we had the CCU patients listed on -- I saw his name and said that I wasn't surprised. I went back to see him and he kept asking why I kept watching him all the time the day before. I didn't want to tell him I was watching him for a heart attack.

He finally said, "My wife said you were watching to see if I was going to have a heart attack." His wife had talked to me about her mother being that way before she had a heart attack at home. I told her that these were the symptoms. Then the intern apologized to me. He had really made fun of me the day before. You know, some of our younger doctors at that time liked the younger nurses. They thought they knew more than the older nurses did. The old cardiologists stuck up for the older nurses. They said that we would watch the patient.

JF A little generation gap there.

KD Like I say, I watched the monitors and I could help with the codes. I knew how to work the various lines in CCU, work with the ventilators and the balloon pumps. I could set up for arterial lines, Swan gauges, temporary pacemakers, intubation, etc. I used to question sometimes putting our patients on life support, especially when you took them off everything -- stopped the Dopamine and all that. Within five minutes the patient would have died peacefully. But still I feel that I did watch the patients closer. I felt I could tell what the patient was going to do more by watching the patient, lots of times, than you could with all the monitors in the world.

JF My recollection of Gabrielson was that she was very supportive of education.

KD Oh, she was. She used to come early sometimes when I was working nights. One thing I must say, that she was very good to me and Good Samaritan was good to me when I finally decided to go back and get my Bachelor's. Although I told them I would not come back as head nurse, I would stay a staff nurse. I remember Gabe saying to me one time, "You'll change your mind." But I never did. I was allowed during the times I worked on my degrees to set my own working days, hours, and times, for which I have always been grateful to Miss Gabrielson and Good Samaritan Hospital. I had applied for educational leave of absence. When I was gone for my Bachelor's I took September through June off, and then worked part-time in the summertime. When I got my Master's I worked part-time and went to school. I did not work on Wednesday nights because I had an 8:00 Educational Psychology class Thursday morning. I needed to be awake for that.

JF Now that was when you were working on your Master's.

KD Right. So, I could say to them I'd work part-time and they would say, "Just let us know when you need off in the Fall." But Gabe used to come by and she always made a point to see me, I thought it was to see how I was doing and how I liked it and to tell me to keep up the good work. In my opinion, other than Miss Anderson, who later was Mrs. Bardwick, Gabe

was the best Directress that Good Sam. has ever had. She had a feeling for her nurses. She made rounds once a week on the units. Maybe she couldn't stay and talk, but she would come by to say hello. She also sent out little fliers to thank us for what we were doing, and saying she knew we were short of help. The others, forget it.

JF You decided to go back and get your Baccalaureate degree. You said that was in 1969?

KD Yes.

JF You started out at Glendale, is that right?

KD I took a year over at Glendale to get all the basics in. I had a chance to challenge for credits, but being out for about 25 years, I wasn't too sure. At that time, they talked about the DNA, RNA and all that so I thought, "Oh, dear." I didn't know much about it. I knew that I wouldn't cram for it because I never could cram for a test. So I thought I'd go back and take Genetics. I did go one summer session at Grand Canyon College for Genetics and Anthropology, which I enjoyed immensely, the Anthropology especially. Then I went in the Fall of 1970 over to ASU. I had some bad experiences there, especially with one instructor. And I almost didn't finish it, but my husband knew I had always wanted to go on. He knew that when we were married. He's the one who encouraged me to go on and finish.

JF Now, if you went into the nursing program in 1970, but continuous progress curriculum was in effect at that time ...

KD It was an accelerated course, wasn't it?

JF Right, also called an "open curriculum".

KD We could go at our own pace.

JF How long did it take you to complete that program?

KD I would have been through in a year if I hadn't decided I was going to quit and gotten in an argument with the instructor. They should not try to push idealistic things on a nurse who has worked like a lot of us had worked. I know a lot of nurses who quit because of that at ASU. In fact, two of the nurses who quit I had affiliated with in Children's Hospital in Akron, Ohio.

JF What was an idealistic thing that you felt was inappropriate?

KD

Well, they always taught nursing as idealistic. You had all the equipment. You didn't have to improvise. That things were rosy. That if you didn't like what the doctor said or told the patient, you had a right to contradict him. I do not agree with that. You can talk with the doctor. There are times I have not agreed exactly with what the doctor has said. Outside the patient's room I have said, "Can I add anything to what you've already said, or am I to keep my mouth shut?" This would be to doctors that I knew. I came across this with a student from ASU. We had this patient who, if we weren't too busy, we admitted to give the daughter a rest at home. The patient was sick, she had a lot of things wrong with her. So this day the doctor came in and said that her daughter had called to say she would be in to pick up her mother. Well, the patient decided she didn't want to go. She had a student taking care of her, and by the time the student and she got through talking, this patient had really worked herself up. I knew what was going to happen. So, the student came out and said to me that the patient could not go home. I said, "Well the doctor knows what he's doing. We know the patient. She's been discharged and her daughter is on the way in to pick her up." Well the student said she just couldn't go home, and that she was going to call the doctor and tell him so. Because I could not reason with her, I called him and told him about it. He said, "You stay on this phone and put her on the extension phone. Do as I tell you. We've known each other since 1955, so do what I tell you." So she started explaining to him, and he said to her in a very nice manner, "When I discharge a patient, I'm sure I know what I'm doing. I've been a doctor since 1940 and you have no right to tell the patient that she can't go home." In the meantime, the daughter had gotten there and called the doctor about this. He said, "If that's all they teach you at that school, you'd better quit over there. I'd advise you to quit nursing anyhow." He'd already had a run-in with her the day before, because of what she had told him that he couldn't do. She made the mistake of saying, when he asked her where she got the idea, that the ASU College of Nursing told her this. I knew then I had problems on my hands. So he said, "From now on, don't ever question my orders and don't question Mrs. Day." He said, "What did Mrs. Day tell you?" She said, "Mrs. Day told me that you had discharged the patient and that you knew the patient quite well, and that she knew the patient." Some little thing that student had said to the patient started her off. I don't think the student meant to do it. He said, "Use your common sense instead of your psychology sometimes." The student was just about ready to cry. So I said to the doctor, "I'll take care of it. We'll settle the situation." So, the student came to me and said, "I guess I really caused a lot of trouble." I told her that she had, but that she would not listen to me. I said, "I tried to explain to you for two days what the patient is like. The patient is a good manipulator." The girl went on and asked if I thought she should quit nursing. I said "No,

give it another chance. You've gone this far. What would you want to do?" She didn't know. I told her to come back and let me know when she was ready to graduate how she felt. She came back and said that was the best lesson she had had. I told her that she just had to listen to us older people.

JF Some important learning is very painful.

KD Didn't we all learn that way? But she is not in Arizona anymore. She's married with three children, and doing very, very well.

JF Good for her. It sounds as if when you graduated from the Baccalaureate program in nursing that you went straight into a Master's program?

KD Yes. I went into the College of Education. I didn't want to go into the nursing program anymore. I went over to the College of Education and talked to Dr. Rice and Dr. Perrill who were there at the time. They helped me a lot. My major was adult education and my minor was higher education with Dr. Bogart, who helped me a lot. He felt I should go on to teaching in junior colleges. Dr. Rice and Dr. Perrill said what I did with my Master's was up to me.

JF Why did you want the Master's?

KD It was a personal thing.

JF A challenge?

KD A challenge. My husband has always felt it was a personal achievement for me. We had the money set aside for it and he said I might as well go ahead and do it. He said I could do it in nursing or whatever I wanted to. He gave me a lot of support all through it. We could have used my salary, but he never said anything about it one way or the other. He said when I was finished if I wanted to teach that was up to me.

JF I believe you said you did work part-time while working on your Master's?

KD Yes. I was in Rehabilitation over at Good Samaritan.

JF And then when you accomplished your degree ... Oh, by the way, did you do a thesis? A project, an educational project?

KD No, we just wrote those comps. That's all we had to do, but those comps. took care of any thesis. We wrote a lot of papers. It could be compared, I suppose, to a thesis. There was a research paper we wrote. Now when I was going in for my Master's I did a lot of research into Catholic education in the schools, with Dr. Mitchell, and I got an A

from him. That's really an accomplishment to get an A from him in educational philosophy. Another student and I wrote on English as a Second Language. That counted an awful lot toward our grades.

JF That was a real hot topic at that time. I think it still is, to a certain extent.

KD In fact, we had two nuns there who took copies of our paper on Second Language. For Dr. Perrill it was on retirement. For Dr. Rice it was on the education of women. I've got some good articles over there that I've written. One was to do with the libraries, one to do with education of women. That's a good one. In that one, it tells about a 13-year-old girl (back in the colonial times girls could not go to colleges), who passed an entrance exam to Yale University listening to her brothers prepare for the entrance exams. At that time, the only ones who were really interested in education for women were the Quakers. They encouraged education for the women. It was quite interesting where you could see how the women played an important role, but were not given credit for it.

JF There's a certain amount of that going on today, I suspect.

KD Oh, yes.

JF After you did finish and get your second degree that's when you began coronary care at Good Sam?

KD Right. I went back as staff nurse which I have always enjoyed. That gave me time to work with my patients and to spend more time with them. Although, I did have to team lead quite a bit, which I didn't care for. Team leading is not my "bag". I don't think we practiced what team leading was meant to be. Just like nursing care plans. The first experience I had with nursing care plans was when the hospital accreditation board was coming through. Someone came up from the nursing office, and said, "Write something across the top of the Kardex -- we don't care what it is, just have something down for the nursing care plan." I don't think that was right.

JF It does seem a bit "havey-cavey".

KD I think nursing care plans are good for continuing care patients. Even if they put some little thing down like "Patient doesn't like oatmeal for breakfast." I think that should be put down on the nursing care plan. That is important to that patient who doesn't like it. How many times does the kitchen send up oatmeal?

JF One thing I did want to ask you about in terms of the whole experience at Good Samaritan. I know that you had the years of formal education, but did you do other kinds of informal, like continuing education, or in-service things?

KD I did some in-service things -- a very good one on digitalis preparations.

JF Now, did you give this or did you take it?

KD I gave it. We used to hold what were called team conferences, and in that we did like we did when we were students in my three year school. I would assign certain girls having the meeting to look up something that we were interested in and give a report on that. If there was something that had come up in head nurse meetings which I thought was of interest to the students or employees, I would give it to them. Many times I had brought several articles relating to nursing and different changes in nursing, things like that. Now I keep up with continuing education. I take Nursing '87, AJN, Nursing Life.

JF You mean, even though you're retired you are still reading those publications?

KD Yes. I still do those things. I don't know how many CEU's I've accumulated. When I was still working, and when I could, I went to different seminars. I haven't gone to any since I retired. There are some I'm looking into. I've gone to several over at ASU. Bea Steffl had some on aging that I've gone to. Who is that woman who writes those books on cardiology -- she has them every so often.

JF Chestine Kurth?

KD No, it's someone from California. I took a workshop with Chestine Kurth.

JF Well, then I'm going to blank out on that, because that's not my field.

KD I know her -- Mary Conover. I've gone to several of her seminars on EKG's and related subjects. I took a whole series from Rio Salado College on Anatomy, Physiology, all systems.

JF Sounds like you enjoyed that, continuing education.

KD I always have.

JF Did you find them worthwhile in terms of your actual job?

KD Yes. I would take from those seminars and workshops things that helped me, or would help the others at work. I've always been willing to share experiences, and things like

that. But younger nurses do not want to hear what the older nurses have to say. They think that you're just talking. It got so that, in CCU before I left down there, the girls would say, "Well, we're not busy, let's discuss something." I'd say, "You don't like to hear what we old gray-haired ladies have to say."

JF What did they say to that?

KD They would just grin and say, "Well, let's compare so-and-so with somebody you've taken care of in the past." You know, with the new ways and the old ways of doing things, if you go way back 40 years ago you can tie something that happened then into something that's happening today. Just like one of the girls said to me, "Why can't we give digitalis with a pulse lower than 60, there's nothing written." I said, "That is one of the "word of mouth" rules that has come down." Now there is a certain cardiologist here in town. I said, "If you have a pulse of 56, go ahead and give it or I will give it to the patient if I know the patient. If you call the cardiologist and tell him it's only 56, you're going to get told to give it. It is given also to strengthen the heart, as well as other things. What you can do is, hold it off from 8:00 a.m. to 10:00 a.m. to see if we have a pulse difference. This was a student, and she said, "I see what you mean, now the pulse is 88." I said, "Yes, and I've already talked to the doctor. He's sitting right over there and I want you to go over and ask him why I said to give it at 56 this morning." She said, "Oh, I can't do that." I said, "Yes you can, I'll go with you." So then the doctor explained to her that the reason for digitalis on this patient was a different reason than a lot that we give. He said, "I know there's no written rule." Have you seen a written rule for digitalis?

JF Oh, there's a lot of arbitrary rules out.

KD But, it's always been word of mouth that you don't give a digitalis prep. for pulse 60 or lower, unless it is ordered by the M.D.

JF One of the things -- you are about the first person I talked to who has a Master's degree and who worked for ten or eleven years as a staff nurse with that degree. Sometimes we think of the staff nurse as a low-ranking position, but I take it you didn't feel that way?

KD No.

JF You saw that as a perfectly legitimate and prestigious thing to do?

KD Yes. As long as I worked as a staff nurse, I could be with my patient. I could work with that patient, or with that patient's family. I didn't have to go to meetings.

JF Sure. But one of the problems that would seem to be a part of nursing's background is that to get recognition and to get the money, to get the hours that you want, you have to move up the administrative ladder. Did you bypass that?

KD What do you mean?

JF Well, did you have to rotate?

KD Very seldom, my last twelve or thirteen years of working. Like I said, Ms. Gabrielson said that I had put in my time rotating. And everybody seemed to go along with that. I did rotate down when we were short on nights. I took my turn at rotation, but it was never more than two or three days at a time.

JF Was your salary commensurate with what you wanted? I grant you that we can always want a little bit more than we're getting. But relatively speaking was it okay?

KD I do feel that many merit raises were given unfairly. I've always felt that if a head nurse liked a certain employee, that employee, regardless of whether they were doing their work or not, got a merit raise. That was happening a lot down at Good Sam., not just in CCU. Of course, I was up in the range that the only way we could get raises was "above the board" they called it. I did not like our head nurse, at the end; I did not have any respect for her. None of us did. We did not want her as head nurse to begin with, but she was pushed on us. She had her favorites. I know there is a lot of "white lies" and things that go on and I'm sure that we have all, as nurses, told white lies to patients. But she could just stand there and lie to you. There was another nurse and myself above the board. We didn't get the raises. It didn't bother us a bit. She thought she was discriminating against us, but she wasn't. Because she didn't know how much I was in with the "hierarchy" of nursing at Good Sam. and of the doctors, she didn't push too much off on me, but she did this other nurse. What always got to me, though, was that the complaints that she was saying against us were not true. The people that were putting in the complaints about us were doing the things themselves and then pushing it off on somebody else. We had one male nurse there who was always going to tell the head nurse. Finally I said to him one time, "Go ahead, be a tattletale, that's all you are. You might be 30 years old, but you've never grown up. He said, "What do you mean?" I said, "Exactly that. Every time something goes wrong and it doesn't just suit you, or you feel you're overworked then you are going to run to the head nurse about it." I said, "Go right ahead, but remember this time I'll be behind you." Let me add that I did get many "good" merit raises. One of the best was when I was working on my Master's and floating onnights to various units. The Head nurses on those units

got together and gave me a very "nice" but unexpected merit raise one year.

JF Well, you said that you took early retirement in 1985.

KD Well, one thing is that I was burned out on CCU, I think. I was getting so fed up with the way things were going.

JF So that's related to some of the interpersonal issues.

KD Well, yes. Like when nurses come on the unit and the first thing they worry about is sitting down with the new time sheet that's come out and looks to see how many weekends they have off or who will change with them. Never a thought that we might be busy and need them. Lights are on, and they don't bother to go answer lights. They could be on the telephone, talking. But if you said this to the head nurse, she wouldn't do anything about it. She'd just say, "You use the phone, don't you?" The only time, Joyce, that I ever used the phone at work was if I couldn't make a call at home because of the hours. Then I did it on my break or on my lunch hour. I did not take hospital time to make the calls.

JF It's too bad that it seems as if you had to go out of nursing burned out.

KD A lot of the doctors were very, very upset when I told them I was retiring.

JF I was just thinking for you personally.

KD I'm working now for Nurse Finders, the registry.

JF Oh, so you're not really retired?

KD No, I'm taking the summer off. I'll work for them this Fall. But you know, I ran into the same thing in the other hospitals. And do you know that registry nurses are resented very much by hospital nurses?

JF I would guess this might be so.

KD The reason they give is that we're making more money. They push off on us things I could not believe. I never treated a "pool nurse" that way. You can't believe it. They'll say, "You're making more money." Alright, we are. But, we do not have the benefits that the hospital nurses have.

JF This is true.

KD They do carry liability insurance on the nurses working for them. I've carried my own liability for years. The regular hospital nurses resent it if you mention anything to the doctors, which you do normally. I said to this one doctor one day, "I know why this patient is running a slight

temperature. Take a look at her veins. She has phlebitis three different places on this vein and two places here. I removed the heparin each this morning. I haven't put a heparin lock back in because they said the patient thought she was going home. I didn't see sticking her. But, if she isn't going home, then I will put it in before I leave." He said, "Where are you going to find a vein?" I said, "Well, we've got one here. Here's all your phlebitis. Up above here are beautiful veins. This vein's okay." He just laughed, but he said he agreed with me. I did replace the heparin lock before I left.

JF How much are you working now?

KD I was working three days a week, then I went down to two days a week, then I just quit.

JF So, this week you're not working, but you're going to start out later in the summer?

KD I'll go back in September. Except for the times I won't work Sundays after the football games.

JF Got to rest up after all the excitement.

KD Right. Just getting out of all those parking lots over there. I can't name the streets, but it used to be where the alumni parked. Now it's a high-rise parking out there. I go over there.

JF Yes, it's changing a lot.

KD Since I belong to the Sun Devil Club, I don't have to pay for parking.

JF Super. One of the things that I wanted to ask you, not so much related with your particular job. Have you always wanted to stay in nursing?

KD Yes, even though I would get very disgusted at times. I would stop and think, what else would I do? I thought that it couldn't get much worse, but sometimes it did, it seemed.

JF Now, you did say that you were married and had your one child, but you just about always worked. There was that one period in the late '50's. But, how did you juggle work and family responsibilities, because that's a lot.

KD When I worked in Toledo, the hospital had a nursery for the children.

JF That seems very innovative.

KD It was the best nursery I know of. The women that worked there were college graduates. Mary Woods was a first grade

teacher who was going to be going over into Michigan to teach. The other two women who worked there had gone to college. I don't know what it might have come under -- maybe education or preparation for nursery schools. I used to look out the window and see Mary and Jane taking the kids walking. It was right across from the hospital. They would have twelve children out there walking, not a one of them out of line. I said to Mary one day, "You can't even take your own kid downtown without having to hang on to them." But the children just loved them. And they were colored.

JF So that one of the important features was that you trusted the childcare facilities?

KD Very much. That's the only one that I really had. When I came to Phoenix. I couldn't find a nursery to compare with the one in Toledo.

JF Okay, so you were saying child care facilities were not quite as helpful in Phoenix.

KD Well when I came to Phoenix, I was working at St. Joe's Hospital at that time. I came in to pick our son up, and he'd been crying. I thought that was unusual, because he never cried when I picked him up before, but you could see a handprint on his face. And I said to the woman, "What happened?" She said, "One of the other children slapped him." I said, "That is not a child's handprint, that's an adult's. I will not be back tomorrow." And I said to Chuckie, "What happened?" And the woman said, "Well, he told me I wasn't as nice, because I wasn't colored like Barbara." You know, Barbara was the other girl, the one he liked. I said, "That's no reason to slap a child." So I didn't take him back. Then my sister-in-law watched him, then my husband. I worked days and he worked nights -- between the two of us we took care of him like that. And it worked out fine.

JF So, it sounds like your husband has been very supportive.

KD Yes, and I've never felt that our son suffered because of my working. In fact, he was proud of the fact that his mother was a nurse. Before we left Toledo, one of the other boys, a bigger boy, hit him one time and the neighbor told me, Chuckie said to that boy, "I'm going to have my mother give you a shot where it hurts." Threatening the kids.

JF Why did you work all these years?

KD Because I wanted to. I think perhaps if I'd had more children, I would have probably stayed home. But after all, Chuckie was growing up, and I spent a lot of time with him, I mean he was not neglected or anything, and I had a chance to watch him grow up. But I needed something to do. Believe me, I don't like housework. I kept our home clean,

it had a "lived in" atmosphere, not cluttered, and a gathering place for the neighborhood children. Also, our friends felt at home. These people that sit around and dust every five minutes, forget it. But I wanted to work and my husband knew that I wanted to, and we could use the money, too.

JF Alright. Then, one of the things that I wanted to ask you is, have you seen yourself as an innovator in nursing?

KD You mean to start new things?

JF Yes.

KD Well, I think in the past I did. But then, you know, you get the younger nurses and they don't want to listen and they don't want to try things. I remember one nurse got so upset with a patient because she wouldn't take her digitalis at 10:00 in the morning. I said, "What was the reason she gave?" She said, "Because she takes it at bedtime, and the doctor said she could do it." Well, you know I had to get the doctor to write an order to say that the patient could take the digitalis at bedtime. And I said, "This is ridiculous. Why should we try to regulate what a patient's been doing for years, so that they don't miss taking their medication. I wanted to try at that time, if you call this innovation, to make a survey of the patients to see when and how they took their pills. Did they take it at bedtime, or when did they take it? And then, when I would send the patients home and they were to take it every six hours, the doctor would say to me, "Now you go ahead and explain how you take it." I said, "Well, most patients go to bed at 10:30 at night, after the news, between 10:30 and 11:00, and the majority of the older patients are up to go to the bathroom about 6:00 in the morning. Why can't we make it 6:00, then at 12:00, then at 6:00 p.m. and at 10:30 at night. So what, we don't always get the pills given on time either, and besides you have a half-hour leeway." He thought that was nice. But, what I wanted to do so many times is check with patients. And I've always wanted to do a survey on diabetics and cardiacs. If they had the diabetes first, was that the cause of the cardiac problem, or cardiovascular problems. Right now I have two tests, one's from AJN and I see another that just came out on diabetes, in Nursing '87. That's a scary thing, to me, diabetes. Especially if you're a brittle diabetic. Some of the nurses I worked with say there's no reason for us to check and double check the dosage of Insulin. I think that if you draw up the dose, then you should have another nurse check that. The same way with your Heparins or your coumadin. I think those should be doubled checked. A lot of them say it's not necessary. But I think it is. Insulin especially, even if you do not have to mix two different types of insulin. Also, coumodin and heparin should be double checked with another nurse.

JF One of the last things I did want to check, and I did write down a question, whether you had seen yourself as a leader in the women's movement, although you did say you wrote your paper on women. But I didn't mean, when I wrote that down, the women's movement -- that movement that emerged in the late 60's and early 70's. But more like at the end of World War II, women started coming out of the home into the workforce. You're a part of that movement and I wondered if you were aware of that or thought about that over these last forty years.

KD Well, when I finished training -- I was very fortunate in my three years of training in that I had worked with some private duty nurses, and they had ideas. I can remember when social security first came out. I remember some of those nurses said, "I think we should fight to get the nurses under it." And I agreed with them. I said I thought we should be paid more money. Well those were after listening to nurses who during the '20's, in the Depression, that worked practically just for room and board at the hospital. And all through my forty years, I used to get very disgusted when I found that some of the men who worked -- they weren't nurses but worked in the nursing field -- were being paid more than the women. Just like male nurses, a lot of people feel male nurses should be paid more. I don't, because a lot of male nurses are very egotistical and lazy, believe me. I had one male nurse who worked with me who spent all his time on the telephone talking about the other job he had. And they were rude, a lot of them were rude. And I looked at one one day and I said, "You know, it's a good thing you're not my son because you would not sit down for a week." He looked at me and said, "What do you mean?" Now, the man had not been rude to me, but I'd seen him with another nurse, an older nurse. I said, "If I saw my son, even though he's in his 30's, as rude as you were today, he'd get a swat you know where." He looked at me and said he didn't realize he was rude. I said, "Why don't you stop and think. The older nurses have feelings, too. And besides, you might learn a lot from these older nurses and I happen to know that that nurse could teach you a lot of things about these patients." So, he was a float nurse and we didn't get him back for about two or three weeks. I saw him one day in the hall. He said, "I'm scheduled to work CCU tomorrow, and is Mrs. so-and-so on?" I said, "Yes." And he said, "Well, don't say anything. I'm going to be nice." I said, "Don't put it on, because we can pick it up when you're putting it on." But he changed. And he told me, "You know, when you told me what you'd do to me, I went home and told my wife, and my mother was there and she said, 'It's a good thing I didn't see you.'" A lot of the male nurses do not let the patients know that they are nurses. They let them think they are interns. And that's interesting. But you know, I had a doctor for a patient, he's up in Payson now. Now, let's see, where did Gabe go?

JF She went to Vanderbilt.

KD Vanderbilt. Well, he was the one who was telling me that he took our Directress of Nurses away from us. I said, "Well, I'm not taking care of you then." Just joking with him, of course. He said, "Well, you know you lost a good Directress." I agreed that we did. So we talked about her and then this one male nurse came in and yelled at me that he needed help with a patient. I said, "Alright, I'll be there in just a second." I was doing something, I wasn't just talking. But, lots of times I feel that taking care of patients, if you talk to them when you are doing something you can learn a lot more. So I excused myself from my patient. Then I came back in and the doctor said to me, "If that young man were ever to apply to my medical school, I would turn him down." I asked why. He said, "Because of his attitude toward you and toward the rest of the nurses out there." And I said I'd learned to put up with him. He said he had found that in another hospital the male nurses were like that. And I told him we did have a few that were nice. He said, "Well you have to get them and train them young." Now, I worked with one at Phoenix Baptist who knew me many years ago at Good Sam. and he was an LPN at the time, and he's going on to finish up at Glendale this year. He will be good, he is always respectful and considerate of others.

JF Yes, I know the first male nurse I'd worked with I thought was a wonderful person, and he was very happy in his role. My mother liked him as a nurse, too.

KD Well, I'm not saying all of them are like that, but a lot of them are. You just have to have one, and it ruins it for the whole thing. Now I have worked with some of the male students from ASU and you couldn't ask for nicer people. And the interns are kind of like that, too. I said to one young intern, "How come you always listen to the nurses?" He said, "Because my mother was a nurse. She trained during World War II and she told me I'd better be listening to these nurses." I said, "Good for her."

JF Well, I think that pretty well covers my "laundry list" of topics here.

KD Well, I know I ramble on an awful lot.

JF Well, I think some of your asides really flesh out some things. But before we do conclude the interview, is there anything that you thought we might cover that we did not, but you think we should have?

KD No, because you asked me in the beginning if I felt there was any difference between the regular nurses and the cadets. Through my three years of training, I never felt

there was any difference. Nobody ever said; "You're a cadet, you're being paid. You're a regular student, you're paying." There was never anything said about that. And out of the 36 of us that started, like I said, none were let go because of grades or anything like that. It was because Momma or Grandma or Auntie had wanted them to be nurses because they hadn't had a chance. But four of them became teachers. I don't know what happened to the other 16 that left. I know one girl before she came in was a model, a beautiful girl. And she was good with the patients. The patients liked her. But she said she just could not see this. And she went back to modeling and became a top notch model in New York. I've wondered about the other girls, whatever happened to them. Now, the four that became teachers, they kept in touch with us. We graduated 20 in my class, but we had four transfers in. One from Michigan, one from another school in Ohio, and two from the Astabula, Ohio School of Nursing because that closed during the War. So we had four transfers. You know, it wasn't being snobbish or anything, but we never actually felt that they were part of our class. We were seniors when they closed the Astabula School down, so we got two in as seniors and I think four came in in the junior class. I think Youngstown took some of their students and a couple schools in Toledo did. But City Hospital, Youngstown and Toledo were the three I know that took the students in. Of the 16 of us that finished, we felt we had put in three hard years of work. I had gone home in June of '44 for a well-earned vocation after nine months of hard work, studying. I met my "future" husband again. He was in the Navy and was home on leave after twelve months of being at sea on an Aircraft Carrier. We hadn't seen each other since he left for the Navy in early 1942. He asked me for a date. I looked at him and thought, Good Lord, I can't stay awake after 10 p.m. The main complaint from fellows that dated nursing students was they were ready to go home by 10 p.m.

JF It was hard work.

KD I had put in nine months of hard work, and then he wanted me to get married. I debated and told him we'd wait until the War was over because of that nine months of hard work. And then, I waited a year to make sure if I wanted to get married. Like I say, if I hadn't gotten married I'd probably have gone on into teaching. The doctors wanted me to go into teaching. In fact, a couple of them thought that because of my Anatomy marks and how good I was as a scrub nurse in surgery, that I should go on to be a surgeon. So, I'm not bragging, but I've always felt that the doctors and the instructors and the other people who said to me, "You're the one for this job, you're the one who should do it", I've always felt that they were sincere in their comments. Many times doctors would tell the students to listen to me. "Listen to Mrs. Day. If she tells you to watch a patient, listen to what she's trying to tell you." When I was in

Toledo in Pediatrics, the Chief of Peds. would say to the interns, "Listen to the older nurses, listen to Miss Miller, listen to Mrs. Scheerer. listen to Mrs. Day, you can learn things from them." Evidently one of the interns was a little rude, not to me but to one of the others at Good Sam when I was off, and Doctor Cohen did not like that. One time a remark was made that some of us were not college graduates. The doctor said that I had a Master's. Well, you should have seen the attitude. I didn't like that at all, because then there was an entirely different attitude because I was "educated". I never have used my Master's or Bachelor's to get anywhere. The only time I said that I had them was when I had to.

JF That's interesting how that does work.

KD It's amazing. Now Good Sam gave me a \$10.00 raise for getting my Bachelor's. Now my Master's is not in nursing so that didn't count. I said it might not count to them, but it counted to me.

JF Well, that might be because that was part of your personal vision.

KD Yes. Nursing has changed. There are many, many changes which are for the better. There's not the old formal atmosphere. Remember how formal it was? I like the more relaxed atmosphere, but I don't like it where everyone is going around calling each other darling, or something like that. You were in fear of being punished if you didn't say Miss so-and-so. Now the students, you could call each other by their first name, and in the instance you called each other by their last name and didn't put the "Miss" on, you looked around immediately to see if the instructor or supervisor was around. I remember World War II. I was in on the first use of Penicillin and Streptomycin in my hospital. I remember when Penicillin was signed out almost like a narcotic. You had to go to the pharmacy and sign it out. And the minute dose that you gave, compared to what you give now. You know, I've often thought back to when I first mixed up a vial of Penicillin. If you remember, it always popped out and you had that yellow stain on your cap. So I said to the pharmacist one day, "It seems kind of silly that since we have to put water in, why don't we take air out?" He said, "Try it." Well, we took air out and you didn't get that popping back out. And once that Penicillin got on your uniform or your cap, you never got it out. When they came back from the War, the doctors were getting the patients out of bed early. The old doctors said it would never work. I remember the first time an order was written. The patient went to surgery at 8:00 in the morning. It was a young surgeon back from the War and he wrote, "If patient is awake, get out of bed at 4:00 in the afternoon." I said to Miss Henchen (I was a senior), I said, "I can't scrub today, I've got to check the rooms to see what's going on --

I'll circulate today." She said, "Okay, let me know the comments made." Well, it would just never work was the main comment. It was the same as when we started getting the OB's up early. Now they go in and deliver and go home the same day.

JF They're lucky if they don't have to carry the babies back to the nursery.

KD I do think that there is too much being familiar, calling each other names -- the doctors by their first names. And I don't like things I see going on in nursing. I remember one time a doctor and a student nurse -- he was married and they were meeting on my unit. I told him he could see her on her break, but not on duty. He said, "I'll report you to the Directress of Nurses." I told him that's fine. I said, "But, in the meantime, you tell Miss Anderson why I told you you couldn't be back here." I said, "If you have a patient back here, fine." And he said to me, "You're too old-fashioned." I said, "Maybe I am, but I still have high morals. I still believe that what you do off-duty, and as long as it doesn't affect your work, that's fine. But I do not approve of you sneaking off into a private room on my unit." Do you know that they did get married. He got a divorce. But when he brought in his two children by his first wife to have their tonsils out, he made sure that I was the nurse on duty to watch them. His first wife knew what was going on, and I liked her. I said, "I don't care what they do, but it's not going to happen on my unit." And it's just like now, these things going on between the doctors and nurses, I just can't see it. I have no control over what they do off-duty. But when I'm working and if I'm team leader, then I do have control. That's why I quit team leading, because they complained that I was too strict. Well maybe I was, Joyce, but I still feel that there's a place for all this. And to me the patient still comes first, and always will.

JF Well, I want to express my appreciation once more for your participating in my study. And this does conclude our interview.

ADDENDUM

I have always been grateful to the Cadet Nurse Corps, because looking back, I probably would have gotten married in 1944; as it seemed I was making very little progress in saving money for nurses' training. I had planned, after graduation from high school, on entering the School of Nursing at Warren State Hospital. Their students received an allowance and expenses. The school was closed in 1939/40 in order to accommodate students from other schools of nursing in Pennsylvania for three months psychiatric affiliation. I know that I would have been unhappy, not having had the chance to find out if I wanted to be a nurse.

The U.S. Cadet Nurse Corps helped me fulfill my dream of becoming a nurse.

I have always taken pride in the fact that I was a member of the U.S. Cadet Nurse Corps, and whenever asked where I took my nurses' training have always replied, "Warren City Hospital, now Trumbull Memorial Hospital, Warren, Ohio, as a member of the U.S. Cadet Nurse Corps."

Revised by KD 2/88