

# 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.

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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:

Nature of restrictions on use of TAPE RECORDINGS:

Eugenia A. Dormady  
Interviewee (signature)

\_\_\_\_\_  
Date

Eugenia A. Formelo Dormady  
Name of Interviewee  
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\*Modified from: Charlton, T. L. (1981). Oral History for Texans.  
Austin: Texas Historical Commission. p. 64.

This is Joyce Finch, Ph.D. Today is March 24, 1987. I'm interviewing for the first time Mrs. Eugenia Dormady. This interview is taking place in her son's home at 2155 East Forge, Mesa, Arizona.

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 Maybe we can begin thinking about your nursing education.

ED Alright.

JF You were a Cadet Nurse, we know that. What year did you graduate?

ED 1947, March.

JF 1947, so you were in the Cadet Corps for the entire time?

ED The entire time, yes.

JF And where was your school of nursing?

ED Providence Hospital in Detroit, Michigan. It was a three-year course.

JF And how big was the hospital as best you remember?

ED I believe we had, I would say at least 1000 patients. It was a good-sized hospital. It wasn't as big as Henry Ford, but it was very large.

JF Did you; well, no that's wrong. Was this a city hospital?

ED No, it was run by the Sisters of St. Vincent De Paul, you know, the ones with the big floppy hats. It was a Catholic hospital.

JF My goodness. I was thinking that hospitals that size were unusual.

ED I may be wrong, there may have been less. But it seems to me we had an awful lot of patients there all the time. In retrospect, I believe that there were only 400 to 450.

JF We're trying to get the approximate number from your best recollection. So that's fine. Then, in your class which would have been 1944?

ED Yes.

JF How large was the class when you enrolled in the nursing program?

ED My specific class, I'm trying to remember what we were. I can't remember for sure. I guess I never paid much attention. There had to be 50 at least in our class. When we graduated we had lost only a nominal amount -- 10, I think, at the most. At that time, you know, nurses could not be married, at least in our hospital. I think some of the hospitals, Henry Ford I think, allowed it, but not our hospital. So a couple of them were lost because they got married and they didn't keep it a secret. There were some who did get married and kept it secret, and then they continued on.

JF Did you have any affiliations at that hospital?

ED Yes, they had Psychiatric affiliation with, I can't remember. It was out in Wayne, Michigan. It was also run by the same nuns. They had that and a Pediatric affiliation which consisted of children that they cared for, well children. It was a Pediatric affiliation with the nuns. They had homes for children who were orphans.

JF Oh, so these were like well children.

ED Well children, basically well children up to the age of two -- from infancy to two. Although they had older children there, they only worked their students with the children that were infancy to two. That was well children.

JF That's an unusual learning experience for that period.

ED Yes it was.

JF What did you do for the children at that time?

ED Basically, I suppose, we took care of them. We lived further out in Detroit, almost to Bloomfield Hills. It was quite a way out, and we lived there for our affiliation. That was like two months. We stayed there and took care of them. We saw to their basic needs, of course, taking care of them on a daily basis for all day and into the evening, because we stayed there at night. We did not sleep in their quarters, somebody else did, but we did sleep on the premises. Then we took care of any needs of the children; we went to the health department, you know, the health room. They had a nun who was a nurse there and she checked the children. We checked the children with her, and we worked in that manner with her. That was basically it. We had those affiliations like for two months. Also, the psychiatric affiliation which was at St. Joseph's.

JF But it was a private psychiatric hospital?

ED Yes. We would live on the premises out there also and work with all types of psychiatric patients. That was like six weeks, I think. I'm not even sure it was six weeks, I can't remember for sure. It may have been only four weeks. It wasn't that long an affiliation.

JF Going back to the children. Now, you know I'm a Cadet Nurse, too.

ED Yes.

JF I had an affiliation at Cook County Hospital in Chicago for Pediatrics, and of course these were sick kiddies. But at the time, we were not encouraged to love them or play with them. These babies you worked with, these one- to two-year-olds, did you play with them?

ED Oh yes. We did many things. They were well children, basically well, I mean they may have had some little sickness, but it was nothing serious. Yes, we were encouraged to play with them and love them, and even to the point where I was able to take one of them home with me on a weekend. One little boy came home with me and spent the weekend with me. Because they had a lot more children at that time who were not adopted out, we had a lot of these babies. So, I took this little boy. He was almost two years old and he spent the weekend with me at home, at my sister's house, you know. It was not my home. I didn't take him back to the nurses' home because we had to live at the nurses' home. We were not permitted to live elsewhere and we had very strict hours that we had to keep. I was a senior at that time. I don't think we did our affiliations until we were seniors anyhow, none of them.

JF Did you have any affiliation with a college or university for any of your classwork?

ED No, they did not have a college or university affiliation. I don't even know that Henry Ford, which was one of the big hospitals there -- I don't even know that they did. I think they did all their own teaching at that time. We had a woman who had her Doctorate who taught us Anatomy, Physiology, Biology, Chemistry. She was the most fantastic teacher. I still remember her name and I can see her lecturing, she was so brilliant. Her name was Dr. Beal and she was terrific, and she taught us those classes. We also had doctors come and lecture to us. Usually they were residents. I can't remember -- I think maybe we had a psychiatric doctor come in and talk. Of course, the nuns also were teachers and they taught. Sociology, and some of those others. And we had a nutritionist. The nutritionists from the hospitals taught us, too. In conjunction with this we had a nurse, another nurse, who taught us Nutrition, but then there were nutritionists coming from the hospital.

JF Okay. Now, in the Cadet Corps one of the opportunities that the people did have was a special senior experience in that last six months and the provisions of the law, the funding law, were that people might go to military installations, VA hospitals, public health departments -- there were different kinds of options -- away from the school. Did you do anything like that?

ED No. Apparently what they did ... I suppose that they felt the affiliation that we had, even like with these well children, they did not offer an option like that at all. This is the first that I'm aware that that was even offered, I mean part of the project. I wasn't aware of that -- they never did mention it. But, then you know how that turns out.

JF Well, I think this is true. I think that possibly one of the things that happened was that the War ended, and some of that need just went down very quickly.

ED That's true.

JF Anyway, in the last six months what did you do then?

ED Well in the last six months, even prior to the last six months, we were expected to carry a great deal of responsibility. I can remember in my second year I worked nights. We had classes in the daytime, you had to get up for your classes -- you remember that.

JF This is true.

ED I worked nights and I was in charge. I was in charge of 50-some patients on wards. I had students who were under me. They had a supervisor, or two house supervisors, who were RN's. Basically, unless they were an RN who was doing special duty, we had nobody except ourselves. We were responsible for everything that happened there. Of course, times have changed since then, and the medical profession has gone leaps and bounds. But nevertheless, we were responsible. In the last six months you were expected to really take the initiative. In the last six months, I think, I had that affiliation during that last six months. And besides that, of course, since we were senior students, and it seemed I spent my life on nights, I was on nights all the time and in charge. In the daytime they had more Registered Nurses, but the nights were just, I mean, you were on your own -- you were expected to do it.

JF This is kind of a tough question, as kind of reflecting back. Were you comfortable with that responsibility?

ED At that time yes, but now I'm scared to death because I was comfortable at that time. I think when you're young, you know, you've got the world by the tail. I thought I was

comfortable, yes. I thought I could do anything because they told me I could. So, what the heck -- if I was told I could handle it, I could handle it. And I did handle it. But now that I'm older I've thought I don't know how I managed to do that when I was young. I wouldn't want to do it now.

JF That's a very interesting way of looking at that. So a part of that was youthful exuberance, and strength, and vision.

ED That's right, or maybe we should say lack of vision. Maybe now that I'm older and wiser I realize what I was doing, you know. When you're young you don't think of these things.

JF You don't know enough to be afraid.

ED Yes.

JF Well, you apparently spent a lot of that period on nights and you were supervised by the house supervisors and were pretty much in charge. Were most of your classes done by that last six months, or did you have any classes?

ED Yes. I think basically our classes were done. I think we may have had some very little experience elsewhere. Maybe during that last six months, I can't remember whether it was during that last six months now, but at that time we had to make all of the formula for all of the babies. There was nothing brought in, of course. That was our responsibility, although we did have an RN who was supervising us at that time. We had to go down in the morning and make all the formula, and I mean there were babies -- there was nothing but babies at that time.

JF In a 1000-bed hospital there must have been a lot of babies.

ED Maybe I'm wrong, maybe it was only 400 or 450, I'm not sure, but it was a pretty good-sized hospital.

JF But that still is room for a good-sized maternity department.

ED Yes, they had a huge Maternity Ward at that time. One whole floor was just jammed at all times with it, with babies and mothers.

JF I'm inferring from what you've said up to this point that even though you were in the Cadet Nurse Corps, your nursing education is pretty much the way it would have been whether you were in the Cadet Corps or not.

ED Yes, absolutely. I'm sure. As a matter of fact, at that time there were a few nurses who were not going to enter the Cadet Corps. It was a boon for me, of course, because I had only barely saved up enough money for tuition, and I had to

take care of myself. That was really a very good thing for me to be in it, but there were a few that did not want to be in it. But the nuns said no, they were not going to have two different sets of things to have to worry about. So everybody in our class had to be in the Cadet Nurse Corps.

JF I had not come across that particular experience before.

ED Well, I said the Sisters ran things differently.

JF This is true.

ED Cook County may not have.

JF Well, that was an affiliation. In my personal recollection everybody in my class was a Cadet Nurse, but that was their choice. It was not anything that the school dictated to us. But the Cadet Nurse Corps did make a difference in your nursing education, made it much easier?

ED Oh, absolutely, much easier. I would have had to wait another year, or maybe more. I did have enough money for tuition saved up, but you know, our wages were low. I came out of high school and I didn't have any money; well, I had had some college but I was doing that part-time too. I had a full semester, I had like 13 hours of college, but I had done a few hours this semester and a few hours next semester. It was Ypsilanti. It was a teacher's college at that time, but it was something that was handy to where I was working. So that's where I had to go. So I had taken some courses like Biology and a couple of things there.

JF So you worked a year or two before you went into the nursing program?

ED Yes. I worked as a Nurse's Aid in a small hospital -- like 12 or 14 people, or something like that.

JF But you still had a pretty good idea of what you were getting into in that experience?

ED Oh yes, absolutely. I knew that that's what I wanted.

JF Alright, so then you graduated?

ED Yes, in 1947.

JF In 1947, and what did you do then?

ED Well, at that time I had met my present husband. The War had ended -- he was out of the Service. He was a friend of my brother's. I was going to move to California; however, he convinced me to stay there and get married instead. So I did get married. I married probably about six months after I graduated. Pretty much at that time, the nurses couldn't

work if they got pregnant. They were not expected to work when they were pregnant because, of course, they thought it was much too dangerous. They were keeping mothers in bed for ten days, for crying out loud. So you can imagine they thought a pregnant woman couldn't do a thing. Of course, she worked her head off at home, but that didn't make any difference. So anyway, after I was married I subsequently became pregnant and I had a child who was premature. Nevertheless, I did not work. She was premature with my not working, anyhow. I did work in a doctor's office for awhile. I worked in a doctor's office until I started to have some problems. I was about six months pregnant and I had to leave that. I delivered her a little over a month later.

JF So she was quite early.

ED She was three pounds, twelve ounces. Luckily, she survived. They did not have the technology that they have now, and I lost twins subsequently. They were male twins, and they just could not survive because they didn't have respirators to put them on. If they had respirators, the boys would have made it. That's all they needed was a little bit of air, but they couldn't give it to them.

JF Was this still in the 40's when you had the twins?

ED Yes, '49. She was born in '48 and the twins were born about a year or so later.

JF That was kind of tough for you to have problems with two pregnancies.

ED Yes, and besides that I found out that I'm Rh negative; my husband was positive. We thought that would be really a complication. However, it didn't complicate it that much because I did have nine children who are alive. But, he was O-positive, and I'm O-negative. We did have the negative-positive incompatibility. I did have some children who were transfused.

JF So it sounds like you were busy working at home for that length of time.

ED Yes. I worked at home for; I stayed at home always wishing that I could go back to work. But, you know, it was not an acceptable thing for the mother to go to work, unless she absolutely had to. My husband was earning an adequate living. But I always wanted to go back. My fondest thing was -- I missed nursing, I really missed it. Am I going to far past?

JF No, that's fine.



ED When my other twins were babies we were living in upstate New York. I saw there was a need for nurses. I thought, "I'm going back." They had a six-week or eight-week course through a college in Auburn, New York. It affiliated with two of the hospitals in Auburn which was only about four or five miles away from where I lived. We lived in Skaneateles at the time. I thought, "I'm going back." My husband didn't like it, but I went back. He thought, "We'll just baby her, let her have her own way here." He didn't think I'd ever use it.

JF What year was this?

ED Let's see -- the twins were about two years old. 1966.

JF 1966 -- so that was ...

ED About 20 years, so I knew that I was going to have to learn a lot. I could see just from going in occasionally, however often I went in, how the technology had advanced so. So I went and took this course through that college, and I worked for these two hospitals. They put us on duty with supervision. There were a lot of nurses who were doing the course. They needed the nurses badly. The state of New York was really pushing for this. So I was not the only one who was coming back. I went and took this course, and everything. But, I want to tell you that even with six weeks, that was not enough to really put me back in the swing. There was so much I had missed -- so much technology. I was aware of it, but I did go to work. At first I went only one night a week, then I went a couple nights a week. I then found out I was pregnant so I had another baby. But I didn't give it up, by golly. I was going to do it again. So I went back again, just part-time. I worked part-time from there on in. I still had a lot of children at home, because I had a big family.

JF When you went back for that refresher course, even though it was not adequate to cover 20 years of change, what were some of the biggest changes you saw from '47 to '66?

ED Oh, my goodness. Well, of course at that time, these two hospitals were not very big. They were not huge hospitals. Auburn, New York is not a huge city. But at that time I don't remember them having a respirator in there. I don't remember seeing a respirator at all. They did not have a Cardiac unit in these hospitals. The biggest changes I think that I saw at that time were the medications. So many medications were foreign to me. They did have a lot of the same procedures, still, that I had had 20 years before. Since it wasn't a huge hospital ... If I had gone into Syracuse which was 20 miles away, I would probably have seen a lot more. These were hospitals that were teaching hospitals. These two smaller hospitals were not. So, I think the medications and the way they gave medications.

And using Kardex's, the way they used their Kardex's. How they gave blood. The IV's were different. I can't remember all the things that I had to assimilate.

JF Well, of course, one of the big things that it seems to me that that may have been unusual, is there was a whole disposable technology that had not existed.

ED That was it.

JF Well, syringes -- use once and then toss.

ED Oh, yes. That was just fascinating to me. Of course, when we were young, when we gave morphine we had a little burner and a little spoon, and we had to measure a cc. of water and boil that darn little morphine pill, and make sure that you got it all up in that syringe. You had to sterilize your syringes. You had your autoclave there that we kept on our units and autoclaved our own stuff -- the little syringes and stuff. The other autoclaves were in Central Supply. That was another thing -- we had to go down and work in Central Supply when we were in training, too. We had to learn to do that, too. So we had all these things that they didn't have to learn later on, which really were ancillary things to nursing.

JF This is true.

ED But anyway, I agree with you about disposables. I was fascinated by the fact that we could throw away the syringe, and the tubing. Everything was so different, it really was. It was like walking into a strange world for me, it really was. I think I should have turned around and walked away again. But, I wanted to do it. I wanted to be a nurse. That's it.

JF So you did work part-time, a day or two days?

ED Yes. Usually nights.

JF Nights, 11 to 7?

ED Yes.

JF That must have been kind of tough with all those kids running around the house, and shifting sleep patterns.

ED Yes. But I always worked on weekends. And I had older children too, see. So my oldest daughter, of course, was in college. I had older children, all the way down. They were good about helping take care of the little ones while I slept in the daytime. At first I only went to work one night a week. And Saturday, and I worked on Friday when nobody else wanted to work anyhow. So it was easy enough for them. But I found that, especially working nights, you

don't get the experience back. You're not getting that input as much. However, since I worked only one night a week, they'd send me to any floor at all. I had to go into the Newborn Nursery. This little hospital was affiliated with the OB. If they had a baby during the night, I had to go in there and be in with the Obstetrics. At night you had to go in at the very delivery time, when they were delivering. You had to take care of that baby. That was the nurse's responsibility in the Newborn Nursery. We had about ten babies, five or ten babies. You had to go in there and take care of that baby as soon as it was delivered. That was your responsibility -- to take it immediately and bring it out. This was such a small hospital. At a bigger hospital, this would never occur.

JF Yes, I was just wondering. Was there anybody left with the other nine; eight or nine, babies?

ED Unfortunately no. But they were very close. I found that very disconcerting. Sometimes we would have an Aid; very rarely though. The nurse who was taking care of the Newborn mothers was the one who went into the Delivery Room and delivered with them. So see, she was having to leave. Although they were all connected -- they were very closely connected. It wasn't far away at all. Nevertheless, here we are only two nurses on, and both of us at some point are right there. Although, I took that baby immediately and brought it back. As soon as we cleared it out a little bit, then I brought it right back to the Nursery. Then I was back with my children. I don't think they kept premie's there, because I don't remember a premie ever being there. So they may have brought premie's into Syracuse, which was about 25-30 miles away.

JF Yes, I was thinking that a very modern, well-to-do state like New York might have a pretty good transport system for sick babies.

ED Well, I suppose they did. I just don't remember a premie being there, so they must have been elsewhere.

JF So you worked anyplace?

ED Yes, I worked on Med.-Surg. floors, Nursery; wherever they happened to need me that night.

JF One of the things we talk a lot about in nursing is continuity of care and that kind of thing. How did you do dropping in one day a week?

ED It was difficult. It was very difficult. It's like you're coming back from a three-week vacation all the time. You don't know the patients, you don't know the doctors very well. Of course, working nights you don't know the doctors very well. You don't run into them. This small hospital didn't have any interns or residents, anything like that. So you couldn't call them, you had to call the doctors themselves. The minute the doctors don't know who you are, they become very skeptical about everything, too. Not only that, you don't trust them. It's a two-way street. It's just human nature -- you don't know somebody. So, it was really very difficult, I think, to do that. I always felt that it was difficult not to have interaction with the doctors -- more interaction with nurses and doctors. I'm sure the day nurses see them all the time and maybe p.m. nurses see them some. But on nights, and I worked nights most of the time, you don't have that interaction, unless they knew you from elsewhere. When I worked in Intensive Care I did get to know them a lot better, because I had to call them a lot.

JF Well, that certainly does make sense.

ED Yes. And as far as continuity -- I found that after I was in it more and working, I realized the importance of continuity. You know, you're having to learn. You're coming in cold and having to learn everything right then and there. Plus, if you don't get a good report from the preceding nurse, you're in real deep trouble right away. You can't organize properly, and you must organize immediately.

JF And that would be quite out of your control, whether you got a good report or not.

ED Yes.

JF Well, you must have had a number of surprises from time to time.

ED I'm sure I did. Fortunately, they did have good Nurses Aid's who were working with me most of the time, except in that Nursery situation I was telling you about. On the floor, the Med.-Surg. floor, I always had a Nurse's Aid who was full-time and whom I could trust to be informative to me, to give me as much good help as they possibly could. You were responsible for whatever happened during the night, plus if there were tests the next day, you had to make sure these patients were prepared for tests on the Med.-Surg. floor. I worked there for maybe a year and a half or two years. Then my husband was transferred to Michigan. So I started working in a hospital there. I always tried, as soon as I got partially [settled]... I made up my mind I wasn't going to quit nursing any more. So I would go back

to work. Even if it was only two or three nights a week, I worked.

JF So you were in Michigan. This was probably about '68 or '69?

ED It was '69 I moved back to Michigan. Maybe '70, the very beginning of '70. I went to work at St. Mary's in '70 -- St. Mary's Hospital in Lavonia. We lived in Plymouth, Michigan. I worked there two nights, and then three nights a week. Now, my experience there was -- I rarely had to take charge. By this time I was getting older and I knew my capabilities. Also, working part-time, you don't have that continuity and you really must have it. I did not feel comfortable with having to take charge in a unit. Although, I think a couple of times had to. But, I knew my limitations, let's say. I did not like to have to take charge of the floor. I worked on a Med.-Surg. floor ordinarily. They did have a small Coronary unit there with monitors. One night they sent me down there. Let me tell you -- I had never seen one before. I take it back -- I had seen one, that's all. I had never worked with one. I didn't know it, I couldn't read it. I'd gone to some in-services from a doctor to learn a little bit, you know, about it. But they were just educational in-services and they were one-day seminars. Certainly not enough to really teach you anything. So, I had gone to a couple of those just for my own edification. I was not required to. But I wanted to learn, I just wanted to know these things. So they did send me down there one night. I was scared to death the whole night. I only had one patient. Thank God for that! I think it was only a four-bed unit. Nothing came in that I had to deal with. It was a good, lucky thing. When I was just out of school, before I went to that doctor's office, I worked for a little while in the Emergency unit at Providence Hospital where I graduated. Of course, it was in the heart of Detroit, so we did have a lot of different emergencies. But it wasn't like the hospital that was owned by the city, or anything, so you didn't have all these gunshot wounds. So, I did have that little bit of background. But that was a lot of years before, and things had changed. But, anyhow, I worked there for a little over a year when my husband was moved to Omaha. So I traipsed along with him and the kids to Omaha. That's where I finally stayed until we moved down here.

JF When you were at that hospital, did you go back to the Intensive Care Unit?

ED Only that one night. It was a Coronary Care. We got the Surgical patients right up on our floor. Medical and Surgical was there. I remember the first time I saw anyone with Gillian-Barre'. I was just totally fascinated. Not because she was ill, but I was fascinated because they did have the Bird Respirators then. They were putting her on a

Bird Respirator, and I'd never seen one. They'd done it on p.m.'s that night, and so she did have the Bird Respirator. She didn't happen to be on my section of the floor. But I was totally fascinated. I had not heard of Gillian-Barre'. So I was just absolutely fascinated by this new disease that I wasn't even familiar with. I suppose they had Gillian-Barre for years, but they didn't recognize it. Anyway, that's the first time I had seen a respirator of any sort. I just never had any hospital experience where they had respirators prior to that. Then I moved from Michigan again. I was working three nights there, and I moved to Omaha.

JF So this was in '70?

ED 1972. In 1972 we moved there and I decided -- I'm going to go to work, I don't care. So I went to work at Methodist Hospital. I was going to work two nights a week. Of course, they still had a great need for nurses, so they were glad to get a nurse -- a "warm body". They had an orientation of about three weeks -- it may have been four weeks. This was a teaching hospital. A teaching hospital, that is, for nurses. There was a nurses' school with it. So, I went to work there for a couple nights a week. I still was fascinated by that little experience I had in Coronary Care, so I wanted to do that -- I wanted to work in an Intensive Care unit. I was working on Med.-Surg. floors. They would send me to whatever floors I happened to be needed on those two nights. But they didn't send me to the Nursery. I read in their little paper, or something, that they were going to offer, at University of Nebraska Medical Hospital, a six-week course in cardiac care. So I went down to the Nursing Supervisor who was the head of all nurses. I can't remember her name now, but she was in charge of all nurses. I said, "Can I go to that course?" She said, "Well since you're not working in an Intensive Care situation, we wouldn't pay for it." I said, "That's alright, I'll pay for it myself. I just wanted to know how I would go about going to it." It was a nominal fee, it wasn't terribly expensive. So I went to that. It was two or three afternoons a week. I would go 1:00 to 4:00. I was put into this class. I was coming in just like a little freshman student, coming into nursing. Here I am thrown in with these nurses who had been working with this stuff. They knew what they were talking about. Heck, I knew nothing. It was taught by doctors who were cardiologists or internists. Also, two or three nurses who had their credentials in coronary care gave us lectures. They gave me this darn book with all these patterns, all these sheets and readouts. I mean, this was like handing me a book of Greek. Plus, I still had to work two nights a week, plus I also had my family to take care of. So I really was pushing it. But anyway, I got through the course. I didn't do as well in that course, though, as I would have liked to considering my background. I had done very well nursing. I was very disappointed that I didn't

learn more. But I learned as much as I could absorb in that period of time, just for those days, and as much as I knew how to go about it. When I went to this course, I went with two of the nurses who were working in Intensive Care at that hospital, at Methodist Hospital. One of them was in charge. But they had been exposed to all of this information and I hadn't.

JF Sure.

ED But they did get to know me. One day, I ran into one of them and she said "Why don't you come down to Intensive Care." I said, "Well, nobody asked me to." She said, "Oh, I'll take care of that." So within about two weeks I was transferred down to Intensive Care. They needed nurses desperately and I still only worked two nights a week. I still had a lot of children at home and they still were needing a lot of care. I still couldn't feel comfortable with leaving them, or anything. I worked two nights a week, and I learned tons. I mean, every night I worked down there on that unit was an experience of some sort. I learned a lot of things. I had to learn to insert NG tubes. We never did that, except with infants. When we were in Pediatrics, I remember, we had to put feeding tubes down when I was in training. We had to learn that. I can't begin to tell you how much I learned, plus I would try to go to as many workshops as I could possibly fit in. Of course, we had to pay for them and we always had to pay for our own education ourselves. Besides that, you have to have the time. You can't work all night long and then go to a workshop the next day and get anything out of it. I tried that two or three times, too, and I found myself falling asleep during the lectures. So that wasn't a very good.

JF Sounds quite reasonable, actually.

ED But I did learn by leaps and bounds. I learned a lot. Then we were transferred again to Atlanta after I'd worked at Methodist about three or four years. Maybe three, I think it was. We were transferred to Atlanta in '75, and I was down there for about 14 months. When I came back I was going to go back to work, but there was a delay for some reason. I didn't go back to work until '77 I think it was. January of '77 I think it was. I went back to the Intensive Care unit. By this time, they had expanded their Intensive Care and had made it into a Coronary Care unit. At first Coronary and Intensive Care were mixed. They made it a 36 bed unit. They had 12 Coronary beds, 12 Intermediate beds, and 12 Intensive Care. However, while I was in Atlanta, they had started a program where they were going to have surgeons doing heart operations. So that Intermediate Care unit became the Cardiac Intensive Care unit. There was a Coronary unit, Cardiac Intensive Care, and then the Intensive Care. I always worked in Intensive Care. I liked Intensive Care better, I felt more comfortable. I did work

in Coronary for awhile. I worked in Coronary nights for about six to eight months after I came back the second time. I worked with another nurse, and of course, we were always understaffed at the time. So I did have Coronary Care experience, but of course, you need it for all units anyhow because they're all on monitors. All three units always had monitors. So anyway, after that I was transferred down to Intensive Care again. That was just fine with me. I liked Intensive Care, I liked that hands-on nursing. I stayed there until I just resigned the first of November. My husband who had been retired for some time wanted to move down here. We'd sold our house after our youngest daughter was graduated from high school -- she was away at college. We'd sold our house and moved down here. Now in Nebraska -- I don't know what it is down here in Arizona -- but Nebraska requires that you have 200 hours of practical experience per year, plus 20 hours of continuing education per year.

TAPE TURNED OVER

ED Oh, I forgot to tell you -- I worked in a Respiratory Intensive Care Unit in Georgia for about three or four months. Then I moved back. I let my Georgia license go, but Michigan and New York required that I send proof to them of my continuing education. Nebraska does, also. Iowa, I know, does because I lived close to that state. I used to go over to Iowa for continuing education courses, too. So I know how many hours they've got to have, and it's more than we had in Nebraska. When I sent for reciprocity here, they didn't ask me for any of that information.

JF There's no requirement in Arizona.

ED But I think continuing education is very good. I think it's a coming thing and I think nurses should keep up with it. Nursing is becoming a lot more specialized than it was.

JF This is true.

ED I wouldn't feel comfortable going to an OB unit. Once in awhile we'd get an OB that had to come down to us in Intensive Care. We were scared to death that she'd deliver and something would go wrong, and we'd have to take care of her. But we also had to take care of her other medical problems, too.

JF Well, I can relate to that, because I can remember when I worked in the Labor and Delivery corridor and we would have a really flamboyant asthmatic, in full-blown attack. We were scared to death, too. So when you get out of your area, it's tough.

ED Yes, it is.



JF Okay, so you have reciprocity for Arizona and you're thinking that maybe when you're granddaughter gets a little more on her own, you'll get back into it?

ED I don't know that I want to go back into Intensive Care. I'm 62. I think that I would like to do something. I don't want to just not utilize my abilities. I like nursing, I just like it. That's all.

JF Well, it sounds like you do a very good job while you're working. Well, one of the things then that we covered is your career activities up to the present time. I infer from what you've said that you always wanted to stay in nursing, even when you were working with the family and the babies.

ED Yes.

JF So you've not thought about doing other things?

ED No. I know that a lot of the nurses have gone into administration, things like that, in conjunction with the hospital and everything. But, that was never my interest. Maybe now that I'm older, that would be more of my interest now than it was when I was young. I do like patient-nurse care.

JF Well, we know that you were married and you have nine children. You did suggest that when you did go back to work and you were working nights, the older children were very helpful.

ED Oh yes.

JF How else did you juggle, because that was a lot. All those children, family, husband.

ED I don't know. I sometimes wonder. Of course, I didn't work full-time, and I did work nights always. But even when my youngest daughter, the littlest one, who was born after I'd gone back to that course, was little, she was a very good child. I even had my mother living with me who was a partial invalid -- almost totally blind, had cancer and had heart trouble. She lived with me for two years at that time too. But she was a very fine woman who tried to do everything she could for herself. See, at that time when I worked two nights, I'd work one night and then I'd be off, then work another night, and then be off. Then I could take care of my child the next day. I did put her in nursery school two or three days a week, but it was only morning and she didn't like to be there anyhow. Then I was home when the children were home. I was always home with my children. I felt that was a very important thing for them. Had I had to do it because I was the only breadwinner or something, I would have had to go ahead and change things. But I did not

have to do it, so I didn't. It was because I loved nursing that I wanted to do it.

JF Well, you said that when you first started back in '66, your husband first thought you would get tired and then let it go. Did he ever change?

ED Yes, he did change. He recognized that; number one, I was not going to let it go. But then also I think it became more acceptable for women to work. See, his mother had to work because his father had died, and he felt that there was a stigma attached to some degree, especially at that time when he was young. Now it's an acceptable thing. He accepted it. As long as I wanted to do it, he was perfectly happy.

JF And yet, he couldn't have actively blocked you, or you couldn't have done what you did do.

ED Oh no. He wasn't very supportive, but he never tried to block me. That's not the way I am. I'll do what I think is right for me, as long as it's not hurting anyone else. I didn't feel I was hurting anyone else. I was there for him and I was there for the children. So, he would not have actively blocked me. That's not his nature.

JF But you must have had some really busy years in those 70's.

ED Oh yes. I remember my oldest daughter coming home one day and I said, "Well, this and this has to be done" by different children, at the different stages they were. We had to do this and this, and she said "Mother, how do you keep track of all that?" She was in college at the time. She's twenty years older to the day than my youngest daughter, so she was in college at the time. She said, "How do you keep track of everything you do?" I said, "I don't know." And I don't. I guess I just do it. If you've got to do it, you do it. That's it.

JF See, those nuns told you back there in the 40's that you could be in charge on nights, and you did it.

ED Yes, that's right. They told me I could.

JF Well, the last little segment here ... Have you ever seen yourself as an innovator?

ED I never really gave it that much thought. I suppose I am to some degree because I had to be innovative. Just raising a family you have to be innovative. If you don't, you're foundering, right? I think that I can take charge if I have to and be innovative, but I never thought of myself as that. I never gave it that much thought.

JF But you did find a part of nursing that you liked -- the Intensive Care. You got yourself into it, even though you must have said, "I'm not sure. But I'm not drowning." And you stuck it out.

ED That's right, even to the last. You know, one thing -- I think maybe because I had young children always with me. One thing I admire and respect is the degree of teaching that they give young nurses now and how much they know, and their knowledge. If I didn't know something when I was on duty, I was not intimidated at all, and I would go and ask one of the young nurses. I knew they'd know it. I didn't feel that just because I was older that I should know everything that they knew and more. No, I don't feel that way. I learned, even just learning from my own children, that I could learn things from them. Even in school now, how much more they're teaching children at younger ages, how much more advanced they are. I learned many things from my own children. So I knew that I wasn't afraid to go and ask these young people, and I didn't feel that they'd think I was stupid if I did. I didn't care if they did think I was stupid. So what! So I didn't know and I found out, right? Then you know where to go and get that information. If you don't know something, you go to the resource to get it. That's the way I felt. I would never hesitate to ask younger people if I had to have some help or anything. There were a lot of things that I didn't know. To the very day I left I was learning things.

JF Well, it's changing while we're standing around these days.

ED Certainly.

JF Also, you did allude to the fact that when you and your husband were children, women did not work outside the home.

ED No.

JF But that's another innovation.

ED That's true.

JF Were you conscious of that change while you were going through it?

ED Oh yes. I was very definitely conscious that there was change going on, but I felt that it was just fine. Maybe I'm kind of a women's liberator. My mother was a very strong person, and if she had been of a different age, other than the Victorian age, she would have been one of those people working for women's rights. I suppose nothing angers me more than to see women who are not given the recognition they should be given just because they are a woman. I have six daughters and three sons. I think my daughters are inclined to be just a little scrappy because they learned it

from me. I said, "All of you have got to go to college, you've got to have something. No matter what. Just because you get married, you never know what's going to happen and you might need this. You've got to be educated." My mother was the same way. You know, she pushed for her children to be educated, to be sure. Although, I am the first generation in the United States.

JF What nationality is your mother?

ED Well, she was born in Paris. Her folks had just moved not too long before to a small town in Austria in the Alps, which became Italy after World War I. It is Italy now. It's up in the Dolomite Mountains, the Alps. It's a beautiful area.

JF Have you been back?

ED Pardon?

JF Have you been able to go back?

ED My sister and I went there. I thought it was just gorgeous. My father was from that same small town, but he had that European male attitude. But my mother never ... She didn't say it, but you could sense it. I think you learned it -- it's just something you sense. She had a very strong opinion about women being educated. And not only women, but everybody should be well educated and do the best they can. That's where I learned it, I'm sure. So my girls have all been through school except for the littlest one, who is still in college.

JF Well, you've had an eventful career.

ED You think that's been eventful? I think that I haven't done enough for nursing. I regret that I didn't accomplish more for nursing.

JF Well, think of all those colds, flu's, and care of your mother who had many chronic illnesses.

ED She had a cancer, and rather than take her to the doctor -- she was on chemotherapy -- I did give her the chemotherapy at home so she wouldn't have to go out. There was a nice doctor in Omaha who knew me. He was taking care of her. He just allowed me to do it. It was hard for her to get out because of her heart. One day she had a heart attack. She went out on me, and I thought she was gone. But you know, I was torn. I thought, "I'm going to resuscitate her, I'm not going to let her die." But she came out of it. But you know, I was torn because I knew she was old and I shouldn't do it. Yet, she was my mother. In that flash -- you know, how fast your brain works -- I yelled down to my son "Get up here." He said he never heard me yell like that, and he ran

up those stairs so fast. I said, "Get over to that doctor and you get me some medication." Because I didn't have anything for pain for her. Anyway she was out. I knew that she'd been having pain because she'd called me in there just before, saying she was having severe pain. Then she went out just like that. Then she came back on her own. I didn't have to do anything. Thank God that I didn't have to make that decision. But I know I could make the decision if I had to. I know I would have let her go. She deserved to have an end to her suffering.

JF But think what a marvelous opportunity your mother had because you could care for her at home.

ED Oh yes. I was so happy to have her there. I was glad she decided after my father died to come with me. I wanted her there. My sister couldn't take her because she was away teaching all day. I was home and I said I'd work nights. Even so, even when I was working ... I started to tell you about when my youngest was still at home, because she was three years old. I'd tell her, "You have to sit on the bed with mother." And I'd sleep in the morning because I was tired in the morning. I'd say, "But you're not permitted to get off this bed, even to go to the bathroom, without waking me first." And she was just a good enough child that she'd do it. She'd wake me up. Or, the only other thing she'd do is run and answer the phone. She couldn't even reach it, she was so little. It was a wall phone. She'd push her finger up and catch it, like that. Then she'd call her grandmother. My mother could walk from her room and answer it. She could hear it, she just couldn't get there that fast. Luckily she was well behaved. Now, I've had other children that I could not have trusted two seconds to stay put.

JF Well, I want to thank you for talking to me and sharing your career with me.

ED I hope this is helpful to you.

JF Oh, it's very helpful. But before we conclude the interview, is there anything that you like to add that I haven't asked you to cover?

ED I don't think so -- not off the top of my head. I think I've told you pretty much everything that I've done in nursing. Probably told you more than I needed to.

JF Oh, no.

ED I did touch on the fact that I do think it's very important for nurses to have continuing education. But it is getting costly. You know, when I first started to go back, they were like \$15 per day. Now they're \$40, or \$90. Creighton University used to charge \$90 for a two-day seminar. Well,

you know, that's pretty costly for a nurse to have to spend that amount. However, I want to tell you -- the hospital that I worked in, Nebraska Methodist, was a very good hospital, a really excellent hospital. They were cognizant of expense and they had in-services right there in the hospital. Every year you had to take CPR, and every two or three years you had to go through the whole CPR thing again. It wasn't just updating. They did have in-service programs that were applicable to your continuing education units. They had new respirators coming in, and they had in-services on that. Also, they had the balloon pump. Although I was never able to get to that balloon pump in-service, they did have that. Every time they had it, it was following a night that I had to work. Some of the things were mandatory. The balloon pump was mandatory for anybody who worked in Coronary and Cardiovascular Intensive. In Intensive we did only once or twice have a balloon pump. You could always swing a nurse over who had worked with it. Anyway, they aren't that hard to work with. I went and watched. The balloon pumps do all the work for you, practically. They did have orientation to the Special Care Units, and I think it's important that they have it in all hospitals, that they give you six weeks or more of orientation to the pump. If you had to work in Coronary I noticed new nurses hired for Coronary, or I mean the Intensive Care areas, had to have two months of orientation before they would be allowed to work. They did work during the two months. They had to have a nurse who took care of just that in-service for them while they were going to start working in the units. Even if you had come from another area of the hospital, you still had to do this orientation for a certain length of time. I think all the hospitals probably are requiring orientation. That's something that's necessary. This hospital was good. Any new thing that came out, they would have an in-service for it. That in-service would be continuing education. Also, you could do some continuing education on your own. They had pre-tests and post-tests. You could do it on your own and then hand it in. Then this nurse who was in charge of the continuing education studies here on our units would check it over, see. So those things are very important to nursing, and I'm glad to see it happening.

JF Well, I would hate to go into a hospital myself without a lot of that kind of stuff. I've been in a psychiatric hospital, of course. But to go back -- I would not try to do that without starting over again.

ED And I think that it's a tough situation to go back to nursing when you've been away. As I told you before, I had more guts than brains or I probably would have left. But I did want it, and I think that's half of it. You want something, you will work for it.

JF Well, I agree with you. Once again I want to thank you for participating.