

Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

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Anna L Malone
Interviewee (signature)

06/23/87

Date

Name of Interviewee

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

This is Joyce A. Finch, Ph.D. Today is June 23, 1987. I'm interviewing for the first time Mrs. Donna Malone. This interview is taking place in her home at 905 West Cheyenne, 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 I explained earlier we'll just start out in sequential fashion. What year did you graduate?

DM 1947.

JF 1947, so you were in the Cadet Corps the entire three years of your nursing program?

DM Yes.

JF What was your school of nursing?

DM Youngstown Hospital School of Nursing.

JF And about how large was that hospital at that time -- the approximate size?

DM About 300 beds.

JF About 300, that's a good size hospital for those days. And about how large was your nursing class?

DM I think when I went in it was 72.

JF That was a good size class.

DM Yes.

JF About how many of you graduated?

DM I think there were 48 of us.

JF So there was a fair amount of nutrition, I mean attrition.

DM Yes.

JF I'm sure you had a lot of nutrition too.

DM Yes.

JF Now when you were in nursing school did you have any affiliations with a college or university?

DM No, just the hospital.

JF And what was your hospital affiliation?

DM Same hospital, Youngstown Hospital.

JF Oh, you did everything within that one?

DM Within that unit; well we had a two-unit hospital and we did affiliations with our state hospital at Massillon State Hospital, Ohio. That was about the only one ...

JF Oh, so you did [have] psychiatric nursing [away from Youngstown]?

DM Yes.

JF Somebody else that I interviewed went to Massillon, and that was a pretty good size hospital as I recall.

DM Yes, for a state hospital. We had a lot of units up there. We had all types of mental patients.

JF Now, one of the things that I read about in terms of the legislation regarding the Cadet Nurse Corps is that there were to be provisions for seniors to have special experiences in their last six months of the nursing program. What did you do in your last six months?

DM I don't remember anything special that I did, just that you were more on your own and [were able] to exhibit the skills that you had hopefully learned in that three-year period.

JF What did you actually do? Did you work on a Maternity Unit, or Med-Surg?

DM No, I worked on a county ward where all our indigent patients came. We had a 17-bed ward as part of that. We had some semi's, where the [sicker] patients went. It was the most fulfilling experience I think I ever had. Those people were so grateful for everything you did and they taught us a lot about living.

JF Sure.

DM I worked there most of my time in training anyway. I started there and I ended there.

JF When you ended there, did you work shifts or days?

DM I worked the night shift.

JF So you were in charge during that period?

DM Yes.

JF That certainly gets you a lot of education in a fast period.

DM Oh, I prefer that, I always liked nights.

JF You mean you preferred nights or working alone?

DM I preferred nights and working alone, because you only had to call for somebody if you were really in a bind. You got to put your skills to work there, and hopefully they were what was needed. I really don't know; I hope I did some good.

JF Well I'm sure you did. It sounds like you had a good time when you did that.

DM I did, I enjoyed it.

JF One of the questions that I have is, how did the Cadet Corps make a difference in your nursing education?

DM Well, I think it was more organized at the time. At the time you were learning a subject, you were working with that type of patient and you got the correlation together. It really blended in. The only one I had a problem with was Pediatrics and I still do, because we had it at a different time than our learning.

JF Your classes you mean?

DM We were assigned to the Pediatric Ward at a different time than when our learning was.

JF So the Cadet Corps seemed to have made some demands on the school to have their curriculum run in a certain kind of way?

DM Yes.

JF I had not heard that before, but that's really interesting because certainly we think that's a good thing to do today in 1987.

DM That's how our whole schedule was set up for everyone. There were a few of us that got put into the one section that we hadn't yet studied, and it made it a little bit harder. But you did adapt.

JF Now, would you have been a nurse anyway?

DM Yes, that's what I wanted to do, since I was six I think.

JF Alright. Then [when] you finished up [you were] working nights. I presume that that was more like a Medical-Surgical Unit where you were working.

DM Yes, it was combined.

JF So after you did graduate, what did you do?

DM I worked at the same hospital. I worked there from the time I graduated, other than being off for maternity leave, up until 1979.

JF Wow, that was, let's see -- '47 to '79, that was about 22 years.

DM No, it's longer than that.

JF No, it was 32 years.

DM From the time they started compiling your longevity, I guess it was, at the hospital I had almost 24-1/2 years, but I had worked before they had started keeping track.

JF So when you graduated and you worked at the same hospital, what was your first job like? Did you work on the same unit?

DM I worked on the same unit, I worked the night shift. There were two of us from my class that worked the same shift. It just worked out better for us.

JF Sure. How long did you work nights on that unit?

DM Well I think it was until I had my first child in 1950, so it would have been three years.

JF And how long did you take maternity leave?

DM Oh, I think I was off three months. There wasn't any limit on it then to get back.

JF So you went back pretty rapidly?

DM Yes.

JF Did you see that as a usual thing to do -- to go back to work so quickly?

DM No, a lot of the girls took a longer time to be with their baby, but I kind of missed the work. I got lonely for the people that I knew there; I just wanted to go back.

JF Sure. So then when you went back did you go back to the same unit and shift?

DM I went back as a float night person, which again is a learning experience. I enjoyed that because you really depended on your skills there. You never know where you're going to work.

JF This is true. A lot of nurses don't like to float.

DM I enjoyed it at the time.

JF So how long did you float on nights?

DM Oh, I'd say about, well, I floated for a long time. I think it was about five years. Then I went to the ER and worked nights there for over twenty years.

JF It seems really novel to me to come across somebody who liked to float. It seems like most places where I have worked in the hospital it's been a kind of continuous battle with people trying to stay rooted where they were.

DM I think it is when you're assigned to a unit, but when you sign on as a float person then I don't think that you should complain. I complain now if they want to float me, you know. I'm not too willing to do that now because I have an assigned unit. But the circumstances come up where you have to.

JF Sure. So it was different because you hired on to float, as opposed to being pulled there.

DM It wasn't actually a float pool, but they had float positions and that was what I wanted. I was afraid I'd stagnate sitting on one unit again. I don't like to do that either.

JF So in about five years then you went to the Emergency Room?

DM Yes.

JF You worked nights?

DM Yes I did.

JF How did you happen to make that move from float?

DM I had been floating there two days a week to relieve the regular nurse and she was leaving. They were moving out of state. They asked me if I'd like it and I said yes. That was always an interesting place to work -- something different.

JF Now, was your hospital growing or expanding during this period of time?

DM Yes, very much so.

JF So that the Emergency Room then became bigger, and that kind of thing?

DM Yes, we could handle 32 patients in our ER at any one time.

JF Gee, that seems big to me. When I was in nursing school we didn't have an Emergency Room at all.

DM Oh, really?

JF I think there were about two beds, so that seems big to me.

DM When I was a student and we worked in there, we had to call our supervisor to come and open the door if we had a patient coming, because it was always locked. That was totally different here because you had the open door policy. It was, like I say, interesting.

JF So were you ... A hospital with that size Emergency Room ... Because what are we talking about -- let's see, about '50 you said your first child was born?

DM Yes.

JF And then you went back and worked five years as float, so we're talking about 1955.

DM Around in there.

JF Around 1955 when you went to the ER. So does that mean that you would get, say, the accidents that happened around Youngstown?

DM Yes.

JF More like a city hospital?

DM Well, that's what our title was. Ours was the southside branch of Youngstown. They called it City Hospital, but it was really Youngstown Hospital Association.

JF Oh, okay. So you would get just about anything?

DM Yes, from the suburbs and everything, because we were the closest regional hospital there.

JF Well, let's see, you said you worked there for twenty years so that would be about 1975. What did you see changing as far as your nursing duties during that period of time?

DM Well, the fact that we were trained to do different types of things to help our doctors. We had never been into the assessment factor when we were in training or when we first graduated. We only had one doctor working. You'd get seven or eight patients waiting. You'd be trained so that you could go ahead and try and help them on what they were going to look for when they went in -- more or less just a quick assessment, not a thorough one, but just what their major

complaint was.

JF Well, I suppose in the Emergency Room you don't have time for an hour interview.

DM No, you get it going; you listen and move.

JF Okay, now with that size ER did you do triage?

DM Yes, we were into the triaging. I think we had done that five years before I left.

JF How did you learn to do those things, since those weren't part of your original preparation?

DM I think it was just an accumulation of what we had been doing in the Emergency Room anyway. As the people came in you decided which one the doctor should see first, which one was the most critical. That he should break away from what he might have been doing, like a laceration or something, and move on to this one to get them taken care of.

JF One of the nurses that I interviewed said that you kind of grew into the job.

DM You have to.

JF That's what you're saying.

DM To me the whole thing has been a learning process, and I think there have been very few things that I haven't liked about it.

JF Did you do any continuing education during that time?

DM No. Well, only what in-service ... but nothing more. I have never wanted to be more than I am, into the patient care aspect of it. That to me is the most fulfilling. I don't know why, but it's what I enjoy.

JF Well, you should know what you enjoy, and it sounds like you did really do that. Okay, so you said you worked in the ER for about twenty years, but you had stayed there until 1979.

DM No, I think it was 24 or almost 25 years that I had been in the ER.

JF Oh, so when you left that hospital you were still in the ER?

DM Yes.

JF Did you work nights all of that time?

DM All the time.

JF Wow. You really liked nights.

DM Really. Well, my life was easier to manage that way.

JF How so?

DM Well, my mother lived close and I never had to have a babysitter because I could take the children to her when they were ready for bed. She did three of them for me. It was just simpler for my life. My husband worked nights too. We arranged our daytime. When they were in school we took our naps, our sleep, and then when we were up we did what we had to do around the house and with the children. It really worked out well for us.

JF So you organized your work to fit in with your life?

DM Yes. And I guess I was lucky that I enjoyed the shift I worked.

JF Yes, indeed.

DM But there again, like I say, my skills were interdependent with the time I worked, because I'm not into supervision. I appreciate the fact that they're there if I need them, but let me do what I have to do without saying "No, no, no." I think nights were better for me that way.

JF Now let's see, you said in passing that you had three children.

DM Yes.

JF And you took three months leave with the first one?

DM Yes.

JF Was it similar for the other two?

DM Yes.

JF Just in and out?

DM Yes.

JF Okay. It seems as if your hospital administration must have been fairly supportive, because some of the people that I've talked to said that it was really the hospitals didn't care to have nurses working after about the fourth or fifth month. But it doesn't sound like you had that problem.

DM No, they would let you work up until your seventh month. Then after that ... For awhile they stopped it because one of the girls had a placenta previa when she was working and

they put restrictions on. But I never had any pregnancy problems, so they never stopped me.

JF Okay, so then you left in 1979?

DM I retired.

JF You retired, okay. But you're not retired now.

DM No, I moved out here and I was stagnating. I got fat and sloppy, didn't clean my house. I said I had to do something. So, I volunteered for a year and a half, liked where I was doing my volunteer work, and decided I'd go back to it.

JF So now let's see, let me just clarify -- how long were you not working then?

DM Two years after we moved out here.

JF So then you went back as a volunteer for a year and a half?

DM Yes.

JF And where did you volunteer?

DM At Desert Samaritan Hospital.

JF At Desert Samaritan Hospital. What does an RN volunteer do?

DM I didn't do it as a volunteer RN. I did it just as a volunteer for the hospital. In fact, a lot of people didn't know I was an RN, I kind of kept it back because I wanted to see what the workings, I guess, of the hospital were. Then our Director of Volunteers found out I was an RN and wanted me to go into the Aid program. I told her no, that I had gotten out of nursing because, I guess, I was burned out, I didn't want to go back into that field. Then it just evolved that I liked the people that I met there, I liked the administration people that I met, and I thought it might be pretty easy.

JF So, what kinds of things did you do when you were volunteering?

DM Oh, we took patients to their rooms, because I was at the information desk and that's right next to our admitting area there. We would take the patients to the floors. I delivered flowers, newspapers, depending on the shift that you were working. You really meet some nice people up there.

JF Sure. I've heard people speak very highly of Desert Samaritan Hospital. Okay, so it would then be about 1982 or 1983 that you signed on as a nurse?

DM I think it was November of 1982.

JF 1982, okay. And are you working nights?

DM No, I'm working days now which is a total change for me.

JF Oh, I'd say after 25 years, 24 years on nights that would be. Okay, so what is your current position?

DM I'm just a staff nurse. I shouldn't say that, it couldn't run without us. But I work on a Med-Surg. Telemetry Unit. I had to learn a lot about telemetry. We're into the ACLS factors of nursing now. We're a step-down unit from the Intensive Care.

JF Tell me, would you define "ACLS factor" for me?

DM That's Advanced Cardiac Life Saving. You learn to intubate and what cardiac meds you're going to give in case a patient stops breathing in front of you, or whatever.

JF How did you learn those new skills?

DM They have a program at the hospital. You first go to what we call a critical care course, which is limited to qualify you to work in the units that we work in, with cardiac medications for codes and that. Advanced is so that you can start [care] before doctors get there. A lot of times they're not available and you just have to have all of those skills interacting, really.

JF Sure. And you've been on that unit for the past several years?

DM Yes.

JF I think that somewhat brings us up to date in terms of your career period, so I'll shift gears a little bit. In some way I think you've made it clear, but have you always wanted to stay in nursing?

DM No, like I said, when I quit in '79, I think I was burned out because I was angry at all the factors of nursing. We had been involved in a unionization back [in Ohio]. We thought it would be wonderful, but we found out that it wasn't. At least I found out that it wasn't. It wasn't what it was cracked up to be.

JF How was it negative from your standpoint? Was it not like your expectations?

DM Yes, the limitations that they put on what you could do nursing-wise. You can't do this because the union says no. Well, the union can't tell me what I can do -- they can give me guidelines, but don't tell me I can't do for a patient that requires it. I think I was really angry. I might just have needed a change from what I was doing.

JF When you said you were feeling angry, you said something like "what was going on in nursing." And then you talked about the union. Was the union the focus of your anger, or were there other things going on in nursing that were upsetting you?

DM Well, maybe there were some newer things that I wasn't quite ready for. I can't pinpoint anything like that, but there have been so many changes even in the past ten years. Leading up to that I was very receptive to changes and that. I can't pinpoint what might have triggered my anger. It was an accumulation of things, I think. It was just something that I couldn't cope with. I'm not very good if I can't control the atmosphere that I'm in. I think in myself that I am a good nurse. I'm a perceptive nurse. I shouldn't be patting myself on the back, but I don't believe I've ever done harm to a patient or to an atmosphere where I was, and I was afraid I might.

JF Well, one of the things that I was thinking of is that in the past 20 to 25 years there certainly has been a lot of division within nursing. You know, the diploma schools and university schools, the practitioners and the staff nurses. Are those mixed in there some way, your feelings?

DM I don't know. I don't think a degree would make me a better practitioner of my skills. That is my feeling; there are those that think you should go and get your degree because you're learning more. Everyday to me is the learning experience. I don't think a day goes by that I don't learn something new, no matter how small, and I have never been one ... I had my education, I did it -- I'm not going to say great -- but I did it well. I'm not adverse to anything new because I think nursing needs a lot of new things and there are more to go. It's a wide open field for innovation. Like I say, I really cannot pinpoint it. I always trail it back to the union and the restrictions they put on what you could do with your nursing skills; not the fact that you should have free reign with what you did, it was always within the guidelines of nursing.

JF It sounds like just about anything that would impinge on your control of what you were doing was an irritant.

DM No, I need control, I need someone there for control. You know, I like to do what I know how to do, but have somebody there who can tell me if I'm not quite sure. I need that.

JF More for consultation, though, than control.

DM Yes. It's strange; I really can't ... I have it in my mind, but to put it into words right now is really hard. Like I say, I blame the union because they tried to tell us that we couldn't do certain things that we were taught to do.

JF Well, I do understand that unions have certainly been a mixed blessing where nurses have been involved with them. But even though you did retire and take off a couple of years, you were pulled back into nursing?

DM I couldn't stand being away from the people that I'd met and worked with.

JF This sounds very satisfying to you.

DM It is, it has been ever since the first day I went into that hospital. It's been satisfying to me.

JF Okay, now let me ask another question. You have been married and you've had your three children, and to some extent you've already explained how you juggled. You know, because you worked nights and slept during the day when the children were in school. But, how else did you handle your work and job responsibilities?

DM I think the big thing is to learn that you can't take the problems of the job home with you and let them prey on your mind. Because you have a life outside of the hospital and you have to remember that they are two separate things. They intertwine, but they're still separate.

JF How did you know that? Not everybody knows that.

DM Well, I think one time I brought home a problem. My husband didn't talk to me for ten days, because he couldn't understand why I was so concerned about it. I figured well, stay a little bit longer at work and try to resolve it so that you can go home and keep it in the back of your mind. You keep it in the back of your mind and don't let it come to the forefront, because it does disrupt.

JF It sounds, though, that on the whole your husband was supportive of your working.

DM Well yes, because we needed two incomes and mine was always a good one. Nursing is something that you can always do, but I think the big thing is to learn to enjoy what you're doing.

JF One of the things -- there certainly has been a lot of changes in the nursing in the past forty years. Did you ever see yourself as an innovator or a change agent?

DM I have worked on some little procedures and trying to update them and make them simpler. Nothing that you would patent or anything like that, but just within my own working area. There are just little things. I think I was the first one in our hospital -- it may not sound good on your tape -- when you're putting in a Foley catheter to hook up your tubing first and then you don't have to worry about the urine getting all over when you're hooking up the tubing again. And they were amazed that I did that. Now they come with that type of system.

JF Well, I think that sounds fine on the tape, because you were trying to improve the job and make it easier for yourself and the patient.

DM Right.

JF That's innovation.

DM Yes.

JF One of the things that I did put down on my list of topics is if you've ever seen yourself as an innovator in the Women's Movement. I should never have asked that question in that way, it's not what I meant. In the past forty-some years since the end of World War II women have been moving out of the home into the workforce. Before World War II women would maybe work a little and then marry -- that was kind of like their "true" profession. But, the world has changed, certainly the women's world has changed, and you are a part of that change. Did you think about that at the time?

DM No.

JF You just did it?

DM No, because aside from really enjoying what I did, it became a necessity especially with young children. Where I came from it was nothing but the steel industry for anybody to work in. When that started going down then you had to have ... Mine was the second income at the time. But I have never regretted a day that I had to do it because I enjoy it.

JF Well, this finishes my list of topics. Before we conclude the interview is there anything that you think I might have considered about the Cadet Nurses and their career experiences that we did not talk about so far?

DM Well, they've gotten so much away from it that I was probably one of the strange ones. I enjoyed the dormitory type atmosphere of nursing when I was there. You meet some good people, you meet some bad people, but you work with

them and among them. I think that in some ways nursing suffers just a little bit from that right now.

JF The lack of contact over the day, as well as just the working day?

DM Yes, and I think in our studying factors, if you had a problem with one subject there was always someone within your class that was a little bit better at that subject that you could go to, and explain it and it would be just like somebody opened a blind or something. The fact that you were together, you ate your meals together, and there was always someone there for you. I think some of the young ladies now kind of miss that. They wouldn't miss it because they never had it, but I think they're kind of losing out a little bit on that.

JF Sure. There is, I think, something to what you're saying here. Well, I want to express my appreciation to you for participating in this study, and this will conclude our interview.

FINAL EDIT PER D. MALONE 12/18/87