

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.

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Elaine K. Sabel
Interviewee (signature)
5/6/87
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 May 6, 1987. I'm interviewing for the first time Ms. Elaine Sabel. This interview is taking place in her office at Camelback Hospital, Phoenix, Arizona.

This interview is sponsored by 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 In general I just wanted to follow this laundry list of topics. Perhaps, then, we could start with your nursing education. What year did you graduate?

ES I graduated in December, 1947.

JF So you would have gone in then in '43?

ES 1944.

JF 1944. My subtraction wasn't too good there. And where was your school?

ES Mount Sinai Hospital School of Nursing, Chicago, Illinois.

JF About what size was that hospital at that time?

ES I'm trying to think. Probably between 250 and 300 beds.

JF About what size was your class when you entered the program?

ES In 1947 they had three classes that year. Mine was the youngest of the three classes, and there were 30 of us to start with.

JF About how many graduated?

ES Nineteen.

JF Nineteen. So there was a little attrition in that group.

ES Yes.

JF Now, when you were in the program, did you have any affiliations in another hospital?

ES I did a Psychiatric affiliation for three months at the Illinois Institute. Is that what it was called? The Illinois Neuropsychiatric Institute.

JF Yes, I think that used to be called ISPI.

ES Did it?

JF Well, that kind of rings a bell. I'm not sure about that. Was not that school affiliated with the medical center at the University of Illinois?

ES Chicago Medical School.

JF Oh, the Chicago Medical School.

ES Oh, no. You're right. My school was affiliated with Chicago Medical School. INI, Illinois Neuropsychiatric Institute, was affiliated with Illinois Research.

JF Okay. Then, did you have any affiliation with a college or university?

ES No.

JF One of the things that some of the cadets have told me is that when they went into their nursing program, they had a swearing-in ceremony, like "I swear to do good and graduate..." Did you have anything like that when you went into your program?

ES No. I can't recall.

JF It seems to be a variable thing. I was just wondering. One of the things, then, that I wanted to ask you is, I'm assuming that you were in the Cadet Corps the whole three years?

ES Yes.

JF Okay. In the provisions of the Bill, the Bolton Act, in the last six months of their education, students might go into other institutions -- federal, community health, that sort of thing. Did you do anything like that?

ES No. I chose not to.

JF But you did choose, there was some kind of choice offered to you?

ES Yes.

JF Could you tell me a little bit about that? How you remember that choice or what you thought was going on?

ES Well, one of my friends went to New York. I wish I had a better memory of it, but it was her last six months. I can't remember if it was a federal hospital. But she chose to go.

JF And you stayed at Mt. Sinai?

ES Yes.

JF Why did you do that, as best you can recall? And what did you do? That's two questions.

ES Well, I had an interest in surgery, and I was hoping that I could spend my last six months there. But, they had too many people who were interested in surgery, so I took something else.

JF Well, that was kind of the glamour job in that period. I recall that.

ES Yes.

JF So what did you do with that last six months?

ES Mostly I spent it on 3 to 11. I hated it, and I swore on my honor that after I graduated I would never again in my entire life work 3 to 11, and I never have.

JF Oh, okay. I'm glad that worked out. Now, that 3 to 11, six months, was that Medical, Surgical, or all-around?

ES It was both Medical and Surgical. I think I probably spent part of it also... We had a Central Supply that at that time was getting to be important. I did spend some time there, too.

JF It sounds like you were assigned where you were needed, as opposed to where you wanted to be.

ES Well, I didn't want to work in Pediatrics. I really didn't, although I would have worked in OB and Gyne, that would have been fine. But I had no preference for it, so I really just stayed with Medical and Surgical. They were the same floor back then.

JF Oh, so that they weren't two separate units? It was kind of integrated?

ES Just whatever.

JF Was it segregated by gender then?

ES No.

JF So, that everybody was just all mixed up in that one unit?

ES Yes.

JF That's interesting. In the hospital where I went to school, Medical and Surgical was mixed, but the genders were separated. There were a lot of ways of handling the room assignments, I guess. Okay, when you were doing that, what

was your role? Did you work as a staff nurse or as a student under someone? What was your function?

ES Well, I worked 3 to 11 and I was often in charge, because we had no graduates on 3 to 11. We had a graduate supervisor on days, and on pm's and nights it was student nurses, plus a house supervisor.

JF That seems to have been quite customary at that time. Alright, I guess then the house supervisor would come when you needed her, but did not actively direct you or monitor your work?

ES No.

JF And did you have any additional classes during that six months period?

ES I can't recall any additional classes.

JF In connection with your education, the last question is, how did the Cadet Corps make a difference in your nursing education?

ES I'm really not sure. It certainly took away any financial worries, as I recall.

JF Would you have been a nurse anyway, do you think?

ES I think I would have. I really wanted to be a doctor, and my family could not afford the college. To me, this was next best. I come from a family with a lot of professional people.

JF Okay, so it made life easier, but was not crucial in your decision to be a nurse?

ES No.

JF Somewhat in relation to that question, did you have any classmates who were not Cadet Nurses?

ES Yes.

JF Did you see any difference between the education you were getting and the education they got?

ES No.

JF So there was no special curriculum for the Cadets?

ES No. The girls who weren't Cadets were from Canada. In fact, one was my roommate. She not only was not a Cadet, but she was much brighter than most. Academically, she was just past the rest of us. But everything we did was the

same as what she did. There was no difference, but that she paid tuition.

JF Now, I said that that was the last question, but something did occur to me. Had you worked before you went into nursing school, outside the home after high school? There seems to be a little bit of variation in how much work experience the students had.

ES When I was in high school, I worked on Mondays and Saturdays downtown in the department store. But, when I was in nurses' training I was 17 years and 10 months old.

JF That was always my notion of nursing students, but in fact that was kind of a myth. A lot of people worked for several years and went to college for awhile before they went into nursing school. So there was a little bit of variation there in that group.

ES Yes.

JF Okay, so you did graduate then in 1947. And after you graduated, what did you do then?

ES I went into Anesthesiology at the hospital. We had nurse anesthetists at the hospital, and after talking to some of them I really became very interested in it, and they offered it there. It was not an accredited school, but the doctor who was the head of the Anesthesia Department did the teaching. I decided that the next best thing to being a surgical nurse would be in Surgery.

JF So you still weren't able to get into the Operating Room?

ES Well, I was.

JF Well, I know in Anesthesia, but...

ES No, I wasn't.

JF Now, did they pay you to take this course, or did you pay them, or did they train you on the job? How did that work?

ES They paid you on the job, and I can't remember if I got paid. I'm pretty sure I did. I sort of remember getting paid like \$200 a month, with room and board. I continued to live in the nurses' home. I don't remember [about payments to learn Anesthesia].

JF That's quite alright. Do you remember how long you studied Anesthesia, before you felt qualified or the doctor who was training you felt you were qualified?

ES Well, it was really on the job training, and it was not more than I'm sure a few weeks before we started in with T & A's.

That's where you really stayed for quite a long time until you became professional.

JF How long did you do that then?

ES I didn't really do it for a very long time because I had a terrible experience. I had a little girl who died on the table, and it just wiped me out. The doctor who taught really tried her best to get me to stay, but I had no heart for it anymore. I could not put somebody to sleep, I just couldn't do it. I did it one more time. It was almost like they say, "You have to get back on the horse one more time." And I did it and I said, "No, I don't want to do it anymore." I just couldn't do it. And I can't tell you exactly how long it was afterwards. I'm sure it was within the first year after I got out of training.

JF That must have been pretty devastating for a young nurse.

ES Absolutely devastating. I couldn't understand it. You know, I wasn't really old enough to understand. My depression afterwards, nobody offered any help. I had good people who listened, but it was devastating. I think I would have liked to have walked away from nursing.

JF But you didn't?

ES No.

JF How did you handle that, then?

ES I went back to being a staff nurse. I continued to live there, and worked on a general floor again.

JF Did you feel that people were accepting of you in that new role, and it was okay?

ES Yes.

JF I mean, you could kind of work your way out of it?

ES I didn't really think about it then, but I never had the feeling that anybody was still thinking about it, long after I was still thinking about it.

JF I would guess that you did more worrying about your guilt than other people did at that time.

ES Oh, yes.

JF That would seem logical.

ES When I think back at how wonderful it would have been to see a therapist at that time, it would have been marvelous.

JF Oh, yes. But see, that would have been about '48?

ES Yes.

JF And we certainly did not think in those terms.

ES Oh, no. Because, I had had my affiliation in Psychiatry, and my God, you know, it was dreadful. ECT was just the way it was depicted in the movies, and it was all like that. We had some phenobarbital, and that was about it.

JF It was strictly custodial. Well, I did not have any psychiatric experience, but it was my understanding that it was strictly custodial in those days. If you got well on your own, fine, but if you didn't, that was fine too. So, it did not encourage people either to seek...

ES I didn't learn that...

INTERVIEW INAUDIBLE HERE

JF Well, so there you were working as a staff nurse in the hospital. How long did you do that?

ES That would have been 1948, so probably not very long. A friend of mine had taken a job at the Board of Health in Chicago and she was touting it, you know. She thought it was wonderful, and at last it was a chance to get regular hours. I was very influenced by that.

JF And you were still intent on staying away from 3 to 11?

ES Yes. So, I applied to the Health Department and got a job as a public health nurse.

JF Now, was that going out into various homes?

ES What we did was Infant Welfare. That meant working in a welfare station several times a week, and then going... What we did was we received notices of babies born in the area that we were assigned to and we went to the homes to make sure the baby was alright. We handed out the little slip that told them they could send away for the baby's birth certificate, and we followed up with -- I don't remember exactly the space -- but, to find out whether they had their inoculations. That was very big with the Health Department in Chicago -- inoculations for children.

JF Okay, so you were really in quite a new role.

ES Yes.

JF How did you prepare for that role, or did you?

ES Well, I really was very quiet. I have always been a very quiet, I think, unassuming person. But, underneath it I felt a lot of... I think I felt secure in nursing. I knew I had learned well, and that there wasn't anything available there that I couldn't learn. In fact, right after the orientation period, they asked me if I would work in the mother's milk station. In those days, nursing mothers who didn't have very much money came in and sold their milk, and we pasteurized it. We put it into the deep freeze, and then the hospitals came, and I presume they didn't buy it. It was just given to them. That was one of the services the Health Department provided.

JF Yes, I had forgotten about that. But, I had my pediatric affiliation at Cooke County Hospital, and one of our options was the premature station. They had some kind of transport service. I think it was local. But, there were babies brought into that hospital. That milk was very much a part of their care, and it comes to my mind that it came in little wafers.

ES It seems to me that we put them in bottles.

JF Some way it was in small amounts. Well, of course, no one baby was going to get very much until they got further along. That was a part of health care that certainly... I wonder if that still goes on?

ES I can't believe that anybody does that.

JF But, there certainly was that feeling that mother's milk was the best food for those little babies.

ES Definitely. While they took milk from the babies' mothers and those mothers were sure that that was the milk their baby got, I don't believe it was. I think they pretty much used what came from the Health Department that had been pasteurized. Is that what they called it, pasteurized?

JF Yes, I think it was, because it was a sterilization process. It was not like a homogenization process. Although, I was involved at one point with collection, and mostly it was a pretty clean procedure.

ES Did they use the mother's milk for the babies?

JF Yes. Oh, you mean the mother to her very own baby? Well, no. No, because I remember some women who were still producing milk, but had weaned their own children. I mean, this was a pin money, or at least they used to call it pin money.

ES Right.

JF It wasn't a lot, but I think they got their car fare then to come and go.

ES It was pennies.

JF But, if you don't have anything, pennies is something, particularly in those days.

ES Absolutely.

JF Well, that's a little memory then that's been triggered about something.

INTERVIEW INAUDIBLE HERE -- COUPLE OF SECONDS

ES ... the Illinois Neuropsychiatric ...

JF Oh, from County, yes. I was not aware of what they did do at that time, because I think there was a psychiatric hospital at County.

ES Well, it was a teaching hospital, and if we had anything that we couldn't manage, they sent it to County. They just kept the cream of the crop there for teaching.

JF Sure. It was an interesting place, that County Hospital. So, you were then working for infant welfare and this was pretty much infants from, say, birth to one year. Did it involve prenatal care as well?

ES No.

JF Just follow up after delivery?

ES Yes.

JF Was that as good a job as you hoped it was?

ES Yes. It was extremely interesting. Of course, sometimes the weather was dreadful. You had to be out riding the street cars, you know, in all kinds of weather. When they cleaned up everything at that end of the year, they sent everybody to the south side where the most babies were. You worked there, and I tell you, I cannot believe I did it. We were alone in those terrible sections of the south side. Went went into these places. It was dreadful.

JF It was incredibly bad.

ES Yes.

JF And yet, it seems as if nurses were safe in those days. They wore uniforms and were recognized.

ES Absolutely, from everyone.

JF But, I think there was concern then about helping people in those neighborhoods.

ES Yes.

JF Well, how long did you work then for the Board of Health?

ES I think probably at least a year or two, not more I don't think. I took a trip. My friend was married and she moved to California when she was in the Health Department with me. We are still friends, years later. I took a trip to California to see her and another friend from nursing, and when I came back I didn't know what I wanted to do. So, I went to a... Like I said, I've really never been a very assertive type of person. I thought about what would be the easiest way to find a job, look in a newspaper? I didn't want to go back into the hospital. I wanted something different. So, I went to an employment agency and they sent me to a few doctors' offices. Then they sent me to an industrial office, and snob that I was, I went up there and they had a Coca-Cola machine in the office somewhere. I thought "Oh, my God. I would never work in a place like this." I was such a medical snob. But, they were the ones who called me. As a matter of fact -- is it alright if I tell you a little story about why I took that job?

JF Sure.

ES The two doctors who owned it and ran it both interviewed me. The second interview, the doctor said to me, "I know you, I saw you at Mt. Sinai. As a matter of fact, my wife was there and I tried to give you some money, and you wouldn't take it. We'd like to hire you if you want to come to work here." I said, "Well, I'll think about it and I'll call you." I really was kind of leery. I didn't recognize him, but when I thought about it, I remembered that his wife had had a Down's Syndrome baby, was told that it had died, and was put on the Medical-Surgical floor where I was working. So, I just happened to be taking care of her. He, for all intents and purposes, always believed that I thought that baby was dead, too. I think in those days there was so much naiveness. That doctor actually believed that we had been told that baby was dead, too. So I worked there for about two years.

JF Now, was that like a regular doctors' office?

ES Yes. Well, it was like an emergency room. We got all sorts of industrial accidents. It was really very, very interesting. I learned how to do x-rays there. They did everything. They put casts on, they did all sorts of suturing, they did amputations of toes and fingers. I finally got to be the surgical nurse.

JF Sure. But, it was like a private operation run by two doctors?

ES It was an industrial office. They didn't have regular medical-surgical patients come in. They did physicals on people who were going to work. It was also in a neighborhood where there were factories and tanneries. Those people would get really badly injured a lot of the time.

JF So it was like these businesses or industries would have contracts with these doctors for physicals and emergency care?

ES They did 24-hour a day care. What they did was, they paid medical students to sleep there at night and take care of the patients that came in. I'm sure that wasn't quite ethical, but they did it.

JF Well, that's true, because they were charging for professional staff. I mean, they were charging the industries and businesses for professional services.

ES But in general, the care was A-1.

JF So that got you back to some of the operating room, and a lot of challenge I guess, because you never quite knew what was walking in.

ES We were very busy there. At times there were three nurses. We were very busy.

JF Okay. Now, I guess that you would feel prepared to do that kind of work, because that was what you wanted to do right along.

ES Yes.

JF So how long did you do that?

ES Until I married in 1952. I'm not sure exactly. I probably didn't work more than two years at any one job. Then, when I was so young, I wasn't thinking in terms of long-term.

JF Well, I don't think anybody was right at that time. I think that kind of crunched in a few years later for most of us.

ES Yes.

JF Now, when you married did you leave nursing?

ES Not for one more year, until I had a baby. I left because, you know, I worked almost until I had the baby.

JF Where did you work then, in that year?

ES Well, I worked after I was married. I worked at the same industrial office until I had my baby.

JF Okay. So then after you had the baby, did you kind of retire from nursing and work at home?

ES Stayed home, like people did in the 50's.

JF Sure, that was kind of expected then. So how long were you at home with your child?

ES From 1953 until 1968.

JF So that was about 15 years, approximately.

ES Yes.

JF In that period did you think about nursing?

ES I was always in touch with the hospital, with the alumni. I always felt a part of nursing. It was a different part of my life. I would not even have thought about working then, nobody else did. It never even entered my mind.

JF Sure. That's part of the change that has taken place. But, in 1968 you decided to go back into nursing. What prompted that move?

ES A divorce, grown up children, a need to make a living.

JF Oh, that would do it.

ES Yes.

JF So, when you went back into nursing then, how did you make the re-entry?

ES Well, I met an osteopath at a friend's function. She had either a wedding, or... I can't remember. But it was a beautiful affair, and she introduced me. My friends had been after me to go back and work. So she introduced me to him, and we talked. He said, "I could use someone in my office." And I went to work in his office, part-time because I still had two little girls at home. So, I worked half a day in his office. I was there three years.

JF Was that difficult to go back into nursing by that route?

ES Truthfully, I always felt at ease with patients. That has never left me. I've always felt comfortable in a hospital. I'm comfortable around sick people.

JF So then at the end of three years -- that would be about 1971 -- then you made some kind of career change. What did you do then?

ES I decided I would take a refresher course in nursing and go back to hospital nursing.

JF What prompted that decision?

ES Well, for one thing I knew that the pay in the office was very mediocre, that I could make more money working in a hospital. And I couldn't see any reason why I couldn't do it.

JF Okay. So, you took the refresher course, and did you go back into the hospital?

ES I came here, so it must have been later than that. After I worked in that office for three years, I also worked in an OB-GYN office for two more years, also part-time. I was still reluctant to leave my children, because I was a one-parent family. So it was '73 I guess, by the time I took my refresher course. Then a friend of mine who still works, she's Dr. Morley's secretary, asked me why I didn't come over here. It was so convenient to home. I said, "Well, you know, I don't think so." She really badgered me. This is the way I work -- I said, "Well, if I go and apply, she'll get off my back." It's such a little place I'll bet they don't even have openings there.

JF And surprise!

ES Yes. The opening they had was 11 to 7.

JF Well, that wasn't 3 to 11.

ES Right. The Assistant Director of Nurses then was a really special kind of lady. She said, "You know, we'll have to hire you at the lowest level because you haven't had any recent experience." And I've never really been a big one on going to where I make the most. I wanted to make a living, but you know. She was offering me a job. I was really thrilled. I was over 40 and I thought, "This is wonderful, I'll certainly try it." It was, it will be 13 years in November.

JF So you started out here then on 11 to 7, full-time?

ES Full-time.

JF And I would guess that you would be in charge of one of the units at that time?

ES Well, actually not. I just worked as a staff nurse, but I worked up to the assistant to the night supervisor. I stayed on nights for three years.

JF So then after you did that for three years, then you came on days, isn't that right?

ES Yes. I just really wasn't functioning well on nights. I couldn't wake up. I couldn't wake up except after midnight. I was fine all night long, and then I slept all day. I realized I wasn't doing anything else, but sleeping and working. So I needed to make a change.

JF So you came on days, and then what was your role at that time?

ES The only opening at that time was as a staff nurse on the South Wing. That was very disappointing to me because I had worked on Ramada exclusively. To me it was home, and I didn't want to leave it. But, I really took to South Wing.

JF Oh, so that was better than you expected.

ES It was wonderful, being outside. I couldn't believe it. I was outside. It was wonderful. It was trying a lot, because of the neurotic-type patients we had there. I was really used to the acutely ill patients, and that was easier for me. That was easier than dealing with the South Wing patients.

JF Oh, but you still liked the actual being outside part of the time on south, that aspect of it?

ES Yes.

JF So how long were you on South then?

ES Three years, and along came an opening for an admitting nurse. The admitting nurse was leaving to get married, so I applied for that. That was, I think, I shone. I feel that I'm a really good hostess, and I really did a good job of taking people across that threshold and making them comfortable in a psychiatric hospital.

JF That would have been about 1978 or '79 that you became the admitting nurse?

ES It must have been about 1980. Around '80.

JF So you liked that, and you felt quite confident.

ES Very.

JF But you're not doing that now.

ES No, they eliminated the admitting nurse. Did you know that?

JF No.

ES I cried.

JF How did they need to do that?

ES Because they began the primary nurse concept, and they wanted every primary nurse to do her own admitting.

JF I see. So, does that mean that when you were the admitting nurse that you were doing some of that early assessment for the nursing care planning?

ES Yes.

JF Oh, I see. So it wasn't just hello and welcome?

ES No. And they missed me when I left, because it was so much easier to do a nursing care plan from what I had done. I had about a 7 or 8 page assessment, and it really did make a difference. But, they wanted the primary nurse concept.

JF So when did they start here, the primary nurse? Was that about '82 or '83?

ES Well, I'm going to be at this job four years in July, so that's when they started it.

JF So that would be about '83?

ES Yes. Was that the year Jeanine came?

JF I think it was about '82 that she came -- '82 to '83. So it would probably take her maybe a year to get some of these things in place. So that would seem about right. So you made a shift then from becoming the admitting nurse, to do crisis?

ES I didn't even know whose idea it was. We didn't have a crisis person.

JF I'm not sure, but this is a little thought in this. I did supervise some students over at Scottsdale Camelback the Spring of '82, and Jackie Rubinelli had innovated that role over there. I would guess if it was successful it would kind of spread out. So that's maybe how you got this job in that kind of progression. It's a question, at any rate. Anyway, you are now the crisis intervention nurse. You man the telephone. Tell me a little bit about what you do now in this role.

ES I man the phone, and I also see all the walk-ins, if somebody walks in and asks for help. I'm truly an

information and referral person most of the time. Last month I had almost 400 calls and 31 admissions. So I'm not sure exactly what the percentage would be, but most of the calls are for information. Usually I have a lot of resources. A lot of people can't afford the hospital. A lot of people really need out-patient care, and we have that. We have the mental health centers that do a beautiful job. I do just a little bit of everything here besides. Did you know that?

JF No.

ES Well, I'm so close to the nursing office, that I help Helen, with research, whatever. I do the patient opinion polls. That came about because they couldn't find a volunteer. So if you can't find anybody else, give it to Nursing. That's the way it works, I think it always has. So, I do that.

JF Now, are these like opinions of patients who are being discharged?

ES Opinions of patients who've been here ten days or more. So I do that. Also, part of the job of admitting nurse was to work in the family night program on Wednesday nights. That was in the job description, and I continued that after I became the crisis nurse. So I have always worked in the family night program. Pat Flynn discontinued it about two years ago. She felt there were enough family therapies so that family night was superfluous. We were missed. It was very gratifying to see how much we were missed. We presented a program every Wednesday night, year-round, except maybe for Christmas, Thanksgiving, etc. And that took a lot of my time. Also, when I first started the admitting nurse position...

TAPE TURNED OVER

JF Okay, you were saying that when you were the admitting nurse you had some other activities besides family night.

ES I have done so many small jobs around the hospital, I almost don't remember sometimes until somebody reminds me that I did something. But, having been here for such a long time, I know so many things about the hospital.

JF I was thinking that you must have a very good sense of the history over the past years.

ES Yes, and the changes.

JF You've kind of grown into jobs as things went along.

ES Yes.

JF One of the things that I would like to ask you then -- over this period that you have been here, have you participated in any formal or informal continuing education activities?

ES I went to Scottsdale Community College for two semesters. I found it very difficult. Because I really wanted to do well, I spent so much time studying that in the first class I took, on the little postcard he sent me -- you know, he sent us all a postcard saying whether we had passed or not -- he wrote "Highest Final Exam". And I was there the longest, too. I felt so terrible. Everybody had written and was gone, and I was still there writing. So I got an A and it really was gratifying.

JF It sounds like it cost a lot.

ES Yes, it did for me, because I have a busy life away from the hospital. I have children and grandchildren, and friends. I do a lot of entertaining at home. So it was very hard, because I wanted to be good at it. Then the next semester I took a nutrition course, which was a real experience. I decided after that that if I have to work full-time, it was too hard for me to go to school.

JF Did you do informal things, like in-service or workshops, that kind of thing?

ES Oh, yes. I have always gone to seminars. I enjoyed it. It's been harder for me to get away from the crisis job than it was when I was working elsewhere. I wasn't here when I was the admitting nurse, so then the girls on the unit did it. But in order to get away from this job, they have to pay someone to come in and do it. So it is difficult. I don't do it as much.

JF And I would think that a lot of the expertise you have that you've learned on the job, like a lot of the resources people can turn to, getting all that lined up, you probably can't just pick up a resource book and read that. It's out of what works and what doesn't work.

ES Absolutely.

JF So it would be harder to walk away from that.

ES It is. And I feel guilty if I do, which is very unhealthy I think. I need to be away more. I come from an era where you went to work whether you were sick or well. That doesn't happen now.

JF That's true.

ES I come to work. I have never called in sick in my 12-1/2 years. I have been hurt twice -- I hurt my leg and I've had two broken wrists -- that's three times. One of the broken

wrists happened two days before I was to become the admitting nurse, so I just came on, hurting unbelievably. But that's the way it was, and that's the way I do it.

JF Well, I was just thinking that one time I fell and I sprained my wrist. I figured out how to get myself into the school and went to the nurse who was in charge of the Learning Resource Center and said, "Please bind up my wrist", and then went on. Yes, I suspect that there was a little bit different notion about what work is about than what the younger people are doing.

ES Right.

JF Well, we have somewhat covered your work, or your career, so I'm going to shift gears a little bit. In terms of your nursing career, have you always wanted to stay in nursing?

ES Yes.

JF Did you ever think about doing anything else?

ES I think back in my young head I would have adored something more exciting, like dancing, something very impractical like that.

JF And hard to get into.

ES Yes.

JF Okay, now when you came back into nursing in the late 60's you did have children in the home, but you were a single parent family, as you said. How were you able to juggle your work and family responsibilities?

ES One of the things I did was never to work full-time until they were out of the house. I worked part-time. I was fortunate enough to be able to find jobs that would let me get up early. I had no doubts that they could get themselves off to school, but I wanted to be there when they came home. And I managed to do that. It was why I waited so long to do the refresher course, until they were essentially grown and gone.

JF What was most supportive to you when you were doing these double roles?

ES My family. They always were.

JF Now, is this your children-family?

ES No, my parents, my brother. They were always very proud of my being a nurse, and they really encouraged me. They helped me financially to take the time off to do a refresher course, wanting me to get back into hospital nursing. As

long as I wanted it, they were all for it. And I wanted to do that.

JF One of the things that a lot of nurses haven't done, but have you ever seen yourself as an innovator or leader in nursing?

ES No.

JF One of the things that I do see, in the sense that you set certain goals for yourself. You did not want to work 3 to 11, and at one point you did not want to work in a hospital, and you were always able to operate within the parameters you set for yourself -- not the system. So, I think that was...

ES Does that make me an innovator?

JF I think so, in the sense that many nurses say, "Well, this is the way it is. I have to fit in." You didn't have to do that.

ES No, I didn't.

JF And so I think that there was a certain amount of innovation in creating the roles that you wanted to be in, and not just being in the roles that were there. Now, I did put down "in terms of being a leader in the Women's Movement". Well, in about the first interview that I did in this series, I figured out that was a bad term. Most nurses don't choose to associate themselves with the Women's Movement, which they define as a kind of rowdy, political bunch. You know, the bra burners in the early 70's, some negative kinds of connotations. But, that's not really what I had in mind. I was thinking about that change, post-World War II, when women came out of the home. Nurses were a part of the group. That's the Women's Movement that I was thinking about when I put this down as, "Do you see yourself as a leader in the Women's Movement?" So, I still have that question, even though I have to define what I mean by that. So that's the real question.

ES I think it took me a lot longer than the 60's to do that. I think that's what I am now. I can't even believe that I let myself be led before.

JF Sure. Well, there have been a lot of changes for all of us, to be sure. Well, this covers my list of topics, but before we conclude the interview, I want to ask you if there's anything about your education or your career that you think we should have covered, but did not.

ES No, I think you have covered it beautifully. Like I have said to you before, I think that -- I don't even know how to put it in words -- how fortunate I feel that I had the

opportunity to go through nursing when I did, even though I didn't have the opportunity to do the college part, which would have been wonderful and so helpful now. But, I wouldn't trade with your students today. It takes them so much longer. I mean, I walked back into a hospital while I was out of nursing for 15 years, but I'd been out of a hospital for 20 or more. I walked back in feeling comfortable, feeling at home. I got that because I lived in a hospital for three years, or more.

JF Sure. This is a tough question, but do you think you could do that today?

ES Do I think I could do it today?

JF Yes. Say, go into Good Sam as a new employee and feel that same degree of comfort?

ES No.

JF The reason I asked that is because I just think of it as such a high tech. world, with all of those Intensive Care Units.

ES I think I have always known that there wouldn't be any way that I could function in an Intensive Care Unit. I doubt that I could do it in an Operating Room for sure now.

JF Well, when you think about all of those things like the artificial heart and the heart-lung machine... Although, I can remember one of my friends who graduated just shortly after I did was a cardiology surgical nurse for many years, and that was her function, to run the heart-lung machine. I used to think, "Wow!" I had no idea how she could do that. She did grow into that job like many of us did. But, there was no way that I thought I could do that.

ES I feel that exactly, because a neighbor friend, almost the same year that I graduated, she has worked in Intensive Care at Humana Hospital for years and years. She is excellent, I'm sure, in every phase of Intensive Care. Now, she had the same training that I did. Somehow, I don't think I could do it.

JF I think that there are some career paths that people take that other people do not. This is a hypothesis at this point. But, I have interviewed Cadet Nurses in this project who got into Intensive Care and were very comfortable there; as comfortable there as you are here. I suspect it says something about specialization, as opposed to training, original education. But, I do think I am hearing that your ability to relate with people is something that you learned, and that, I suspect, you feel that the younger students today are not getting -- that same kind of relationship experience. Is that correct?

ES Exactly. I don't see how they can get it. That's something that takes time, and I don't think they put in that kind of time in a hospital.

JF Well, I think that you're correct, although when one looks at what they do have to do and what they do manage to do in four years, they are busy. But, it is a different content that they're learning today, I think. Whether it's better or worse, I'm not sure that I can say.

ES Does your student ever get to see a patient die?

JF Well, it's variable. I hate to use a word like luck, but if they happen to be someplace where a patient dies, you bet they do.

ES So some one of them may experience that.

JF Although, I think that realistically you might be amazed at the experiences with death that young people have these days. Almost without exception, students going through school have lost a peer in high school. Somebody in an accident, or an early death due to leukemia. They've been through it, but as a person and not as a professional person. And it's different. Sometimes they're able to use that experience, but not always. And it's never easy. They do learn that -- it is never easy.

ES I couldn't agree with you more, that their experiences are so much more sophisticated than ours ever were.

JF And that's the progress. I'm sure that people who looked at us from years before we went through were saying the same thing. In fact, I can remember a couple of people say, "You have no idea what it was like when we went through school." So, we are now in that generation who's saying, "You have no idea what it was like when we went through school."

ES Yes.

JF Well, I want to thank you very much for participating in my project, and this is going to conclude our interview.

FINAL EDIT PER E. SABEL 12/18/87