

Madison General Hospital School of Nursing Oral History Project Reflection
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I began my work on the Madison General Hospital School of Nursing Oral History Project with no background in medicine or nursing. I was initially daunted at the task of leading a dialogue around a topic I was unfamiliar with. I expected frequent use of technical language and references I would not understand. While I did learn a great deal, these expectations proved amiss. Ultimately what defined these nurses' educations and careers were experiences centered on passion, care, hard work, empathy, patience and compassion – something we *all* can understand. My concerns surrounding my background proved insignificant. Contrarily, when narrators asked me about my studies, they were often surprised to learn I was not a nursing student. My expectations as an interviewer for the MGH School of Nursing Oral History Project were exceeded. I did not expect to gain such a deep insight into the historical period, not only as it related to nursing but to society in general. I learned a lot, I was continuously impressed and inspired by the careers and experiences of those I interviewed and I gained a greater appreciation for nursing as both a profession and an academic discipline.

There were significant commonalities and overlap among many of the narrators' experiences. Most narrators provided a similar track of arriving at MGH School of Nursing and first attending the University of Wisconsin-Madison for a semester of classes (such as Chemistry, Anatomy and Physiology, Microbiology, English, etc.). They detailed similar classes and training in nursing arts, as well as clinical rotations at Cook County Hospital, Mendota Psychiatric Hospital and the Veteran's Hospital. They fondly recalled their experiences with faculty, time spent in the dorms and bonding with their peers. I found it most interesting, however, when their perspectives diverged. This was especially apparent in differing recollections of clinical rotations at Cook County Hospital. Almost every narrator acknowledged the transition from Madison to Chicago but some seemed to relish the experience more than others. Some narrators spoke about their fear, stories they had heard of other students who were victims of crime, how they were to never walk alone and mostly walked through tunnels that connected them to the hospital and did not venture far beyond it. While some characterized the experience as disastrous or frightening, others recalled it as liberating. Elaine Kloepfel remembered, "We were like people being let out of a cage. Woo!" Mitzy Duxbury said, "And then Cook County Hospital was, it was like a whole new world opened up into Chicago. We had more fun there. And then we'd go downtown at night, which is only about eight blocks, nine blocks from the hospital." Many also noted the conditions of the hospital and a more diverse population of patients with whom they had little exposure to before their rotation – and perspectives on this new experience varied as well.

The interviews highlight some historical inequalities and limitations women faced in general, but most notably in terms of career choice. When I asked women, "was nursing a popular career choice in your community?" or, "did anything in your background guide you towards your nursing education?" numerous narrators responded that women had three career

options: becoming a nurse, a teacher or a secretary. Those who worked in these traditionally female dominated and care-oriented fields were deemed “pink collar workers” in the 1970s. The interviews captured this historical theme. As women were often constrained to “pink-collar” work, men appeared scarce in the nursing program. When I asked about the gender ratio at MGH School of Nursing, the classes were consistently and predominantly female. Moreover, another illustration of the historical period and a commonality among narrators was that women were prohibited from getting pregnant during their three years as a nursing student. They risked dismissal from the program yet faced enormous societal pressures to marry, ensure financial security and have a family. Many women remained outside of the workforce entirely as homemakers during this period, or worked until they married and started a family. Some narrators noted how women dropped out of the program once they met their partner. In a patriarchal society, these women encountered significant barriers and expectations in terms of their life choices, but also routine discrimination in their everyday lives. For example, Mitzy Duxbury said she wanted to join the UW Marching Band during her first semester of courses taken at UW-Madison. She learned she was not allowed to join, the band did not allow women until 1949. Anne Budde recalled that when they were at the nurse’s stations and a doctor came over, the nurses got up and gave the male doctor their chair. She described the power dynamics as a “top-down kind of thing” with “no teamwork” – the doctors were in charge. She explained this was the culture of the time and while today a doctor would gladly accept a nurse’s suggestion, at the time “nursing was not considered a profession. It was just an art thing.” Nursing students were also expected to follow strict rules, some of which are also reflective of the time period and its gender dynamics. Duxbury noted how students were required to eat a meal with the program director once a month so she could check and evaluate their manners. Most narrators mentioned their dormitory housemother and their strict curfew. Estelle Walker recalled that they had to have their hair above their collar and they were forbidden from wearing anything bright and shiny in their hair or having dirt on their shoes. She also explained that any infractions resulted in punishment, “and they would expel you on attitude.”

An additional theme significant throughout the interviews was how nursing has changed. Narrators would explain how certain practices might differ today, but the question, “Were there any practices or methods you learned that you think might be considered unusual today?” offered specific insights to the dramatic changes in technology and the medical field in general. From answers related to equipment that is no longer used such as crank beds to surgical procedures to hygienic and cleaning methods such as soaking syringes and needles to turpentine stumps to nurses merely spending more time in patients’ rooms to electric shock therapy to better communication among hospitals before increased competition among for-profit hospitals – narrators frequently stated the stark differences between their era of medicine and the modern day.

Despite commonalities in MGH students’ educational experiences, there was vast diversity in their nursing careers and endeavors post nursing school. Some graduates of MGH School of Nursing stayed at Madison General Hospital to work, some went on to become

educators, some dispersed throughout hospitals across the country, some went into public health, some continued their education and pursued additional degrees, some went into entirely different industries and more. It was interesting to see how the same degree was widely applicable to a variety of career paths. While graduates differed in their pursuits, each appears to share a strong educational foundation and training.

My favorite question to ask was, “what makes a good nurse?” I think this question can broadly showcase the fundamental training and teachings of MGH School of Nursing and simultaneously reveal the individual philosophy or perspective that is personal and unique to each narrator. Almost every narrator recognized that a good nurse actually wants to *be* a nurse – they must have a real dedication to the profession. Each acknowledged a necessary intelligence and foundation in science, as a good nurse knows what she is doing. I believe these consistent answers demonstrate MGH School of Nursing’s rigorous and extensive curricula and training, which weeded out those who did not maintain the passion or desire to be a nurse (as several narrators noted the number of students who dropped out) and prepared those who did to be extremely competent and knowledgeable healthcare professionals. Importantly, each narrator incorporated compassion, patience and kindness in some form of their answer. From my interviews, I believe these are the desired qualities that underpin each MGH School of Nursing teaching – an education that fostered a greater sense of purpose and responsibility and in turn, transformed young, naive 18-19 year-old students into mature, responsible and compassionate advocates.

Moreover, individual answers to this question offer insight into the personal and unique perspective and approach of each narrator that derives not only from their education but also from their personal background and experience. For example, Judy Eckblad’s answer showed how she built connections with patients, “It’s really having an open heart and hearing where the patient is at and what their issues are. And then helping them understand the secret language of doctors and nurses,” she added the quote, “people don’t remember how proficient you were. They remember how you cared. How you treated them.” Diane Ciucci’s response showcased her experience as a fearless patient advocate and her willingness to stand up for them, “Because there are, there’s aspects of nursing, if you did what the physician told you to do, the patient might be dead. But you had the common sense to call the physician and say, ‘This isn’t going to work.’” Lucille Westervelt’s answer revealed her sacrifice and dedication to caring for others, “Just make sure you’re willing to give up yourself. Because that’s a lot of what is done. You can’t be selfish about your time.” Anne Budde’s response demonstrated her experience as a team player, her communication skills and her commitment to learning, “Learning as much as you can in how to help people. And being part of a team. You know, the respiratory therapist has a role to play. And we should communicate with them and make sure that the patient is the key reason why we’re talking together and how we can help that person.”

As I conclude my work for the Madison General Hospital School of Nursing Oral History Project, I am excited that the stories from MGH School of Nursing students and faculty will be memorialized. Each person I interviewed was humble in her achievements and

passionate about her work. I am very honored each participant was willing and open to share their story and experience with me. I look forward to the public hearing them as well; I know these stories will inspire many.