

Noreen Olmstead

ALHI Road Show 2005

**Nursing school experience – Saskatchewan - 50's nursing – recycling supplies – scope of work – birth of Medicare – non-union professionals – American healthcare – 1957 polio epidemic**

DO: I grew up, I was born and raised in Saskatoon. My dad was editor of The Western Producer, which was a farm weekly newspaper that he ran for many years. I went into nursing in 1955. There were three choices: nursing, teaching, or stenography. I was terribly idealistic, like we all were. We were going to be Florence Nightingales and all that stuff, so I went into nursing. I went to the University Hospital. There wasn't a Royal then, in Saskatoon. It was brand new. It was built in '52 or '53, and we were only the second class through. So it was very new, and trying very hard to break with tradition, which we didn't like at all. We'd all read all the books. We wanted to be treated like nuns, the way they did. You live in residence, you aren't allowed out, you aren't allowed to marry while you're in training. They were easier with us. But we wanted the rules, we wanted to be oppressed or something, I don't know. We wanted rules so we could break them. But we didn't get them. They didn't have a capping ceremony until we all rose up and screamed, and they did have some sort of tea and did that. We didn't have capes, we had blazers. We didn't have the old bib and apron uniforms, we had ordinary uniforms. In the beginning we all would've preferred the old fashioned way. Even though we saw all our friends out going to university or working, on their own. But we weren't allowed that. We had to stay in residence, with four late leaves a month.

Q: So it was the institution that was trying to make the change – not you people.

DO: Oyes.

Q: Talk a bit more about the tradition that you went into. What ideas did you have about nursing that made you think that was the thing for you?

DO: I think it was just the usual idealist thing that young girls have. Not all of us were like that. There were some older girls that had done other things, and they were probably a lot better at it than we were. But it was a romantic thing. We didn't really know what we were doing, but we learned pretty fast.

Q: Did the hospital explain why they were demanding this more modern approach?

DO: A lady named Hazel Keeler was our – I don't know if she was a superintendent of nurses – I think she must've been the head of the school of nursing. But she was very much trying to break with tradition. I think it was mostly her ideas that came through there. But she didn't always win. I was never close to her, but she was a bit of a renegade.

She'd be very much admired now. I think we admired her then, but we still didn't like what she was doing.

Q: What can you remember about the conditions that nurses worked under in the '50s?

DO: I don't know a lot about the conditions today, but I know that we were very busy sometimes. But we didn't seem to be as busy as they are now, for sure. The patients weren't as sick. People were often brought in just for tests, but we still made their beds and that sort of thing. I ended up assistant head nurse on a medical ward. It seems to me that there would be never more than two or three patients on the ward that were really in need of constant attention. They were mostly ambulatory, and not that bad. In maternity, for heavens sake, everybody was kept in for a minimum of five days. That sort of thing. People were kept in post-op surgery. I didn't work on surgery much, but it would be at least a week or two weeks post-surgery, not like now.

Q: So the level of patient care was quite a bit different than it is now?

DO: It was. I think we were expected to spend time just talking. It wasn't entirely treatment.

Q: Why was that kind of care so important, this business of talking?

DO: It was the TLC thing. We did rounds every day and stopped and talked. But these patients were not sick enough that they couldn't talk, so it was encouraged.

Q: You graduated in what year?

DO: 1958. Right away I worked there, and then went out to Watrous, a small town, for almost a year, then came back and again worked at the University. Then went to Europe, then came back and worked there. I quit in '62.

Q: Describe what nurses did back in those days.

DO: The standard bed making, bed bath every day if the patient wasn't able to get up and do it themselves. Then whatever medications. We didn't do intravenous, they were just beginning to teach that when I left. But we weren't allowed to. The one contrast that I noticed most after I left and when I went in as a patient myself or visiting people, was the disappearance of central supply. I found that quite shocking. I'm sure there's very good reasons for it. But we didn't throw away anything. Everything was recycled, autoclaved and reused and packed on trays. If you needed to take out sutures, you'd send down to central supply for a suture removal tray. Even intravenous tubing was reused. It was rubber, not plastic. The only thing I remember that we ever threw out was ace bandages. Because once they were washed, they weren't as good. But everything else, even syringes and needles, which just about did me in one time. I was giving an injection of penicillin to a baby one night, and the syringe, they often didn't fit very well, and it came apart in my hand and back in my face. Two days later I was swollen up. My eyes swelled shut and

I realized I was allergic to penicillin. I hadn't known before then. But that seemed to happen very quickly, that suddenly everything is disposable now.

Q: What about other people that you worked with? Today we have many other classifications. What were the classifications back then compared to today?

DO: We all had different caps, for one thing. The nurses were the cap of their school, and the nurses aides had their own caps too. I think they had a blue band, whereas I always had a black band. The way the wards I worked on were organized was there was head nurse and assistant head nurse, then there'd be team leaders. The wards then were two wings, and there's be a team leader for each wing. You had conference in the morning and the team leaders would assign patients to each of the students or aides that were on. The aides did pretty much everything we did, except that they couldn't give medication. They were often extremely good nurses. Then we'd have an orderly or two that were assigned to our ward, usually more than one ward. They were male orderlies that were on call to each ward for the heavy lifting and some of the male stuff. Then the cleaners. And the kitchen, we cooked all our own stuff. There was a whole department and they'd send it up, and then there were people who would bring it out to the wards.

Q: So the aide wasn't allowed to dispense the medication?

DO: No. Supposedly they weren't trained to. They were perfectly capable of doing it, but no, the RNs had to do that. And the RNs couldn't do anything without a written order from a doctor. Couldn't give an aspirin, theoretically. I know we did, but we weren't supposed to.

Q: What was the relationship with the doctors like?

DO: It was fairly formal. That was another thing our dragon lady brought in, we were not to stand up when a doctor came into the nursing station. She said, all you see is a bunch of rear ends standing up while they're still writing at the desk. That's the way it used to be. It was fairly formal and respectful.

Q: Did the nurses have the respect in those days that they needed?

DO: Certain ones did. There were some that the doctors deferred to, almost. We worked mostly with interns in residence. Often the nurse would essentially tell the doctor what to order, knowing what the doctor he was working for would order in this particular case. If the patient's blood is like this, then you order this for this patient. And this doctor does not like legs wrapped, or something like that. Even telling medications. Some of our interns had some problems with English too, so we had a little time with that. On the whole, the interns were terrific. They worked very hard, and they were almost there, so they knew what they were doing.

Q: What was happening to health care then? Were we short of doctors at that time?

DO: I don't think so. When Medicare came in, there was a great panic – everybody was afraid they were going to leave. The Keep Our Doctors Committee, and it was going to be the end of the world.

Q: You mentioned working in Watrous. Did some communities have a healthcare system before Medicare came in?

DO: I don't remember. There was something that we all paid into before Medicare came, but I don't know.

Q: How were the hospitals administered? Were they part of the health authorities?

DO: We had a business manager of each hospital. As far as I know they were independent, but they may not have been, I don't know that. Those are questions you don't ask at the time. There didn't seem to be a shortage of doctors. We did get a lot of interns from India and some from Europe. I remember Polish doctors and that sort of thing, but they went through the usual internship and then they were fine.

Q: Did you belong to a union? If not, why not? What was the attitude towards nurses organizing and becoming part of unions?

DO: I had absolutely nothing to do with any union. There was no union. There was an association that we paid dues to. I can't think what it did. It must've done something. Maybe it had something to do with licensing, I don't know. But it certainly didn't bargain. Any union came along after I was gone.

Q: So what was the general attitude towards nurses in unions back then?

DO: There just wasn't one. Nurses were considered professionals, and professionals did not unionize, period.

Q: Who told you that?

DO: A lady named Lucy Willis, who was one of our nursing teachers. I remember her drilling that into our heads. Professionals just don't do that sort of thing. It's odd, because there were a lot of strange disparities. For instance, the nursing aides, the male orderlies who had the same training were paid a lot more than the nursing aides. We accepted that. We said, well they have families to raise. But disregarding the fact that an awful lot of the nursing aides were single moms and were raising families. But somehow we accepted it. It's very odd.

Q: The same thinking applied to nurses as well?

DO: I expect so. I remember they used to say that the male nurses who worked in the operating room were paid a lot more. We never questioned it.

Q: Were nurses well paid back then?

DO: Fairly well paid, I think. My first salary was \$325 a month, and that was okay. Certainly a family of two or three could live on that.

Q: How were grievances or complaints or problems solved?

DO: I expect it would come down through the superintendent of nurses, the hierarchy in the hospital. There were supervisors and general overseers, and I'm sure it would come down from that. In fact I'm sure that's the way it happened.

Q: So were you ever told that if you had a complaint that you should follow these procedures? Say, if you were wrongly fired, dismissed?

DO: No, but that's to say there wasn't a mechanism. I don't know. We were considered pretty lucky at that time. There was a shortage of nurses, we could go anywhere and work anywhere. I'm sure there was never, as I think there is now, a thing about nurses not being allowed holidays or something, because there was such a shortage. I don't remember that. I think that's happening now, isn't it?

Q: When you were working, there was no public health system like we have now. You happened to be in a position where you worked right up until the fight broke out over Medicare. Could you describe the years leading up to it? Do you recall the push for public health? What happened when the government of Saskatchewan moved ahead on that?

DO: I remember it coming. Strangely, all the people I knew, including my parents, were absolutely against it. They thought it was a terrible thing. The doctors are all going to leave. They called it socialized medicine, and that was a dirty word. It's odd, because both benefited hugely from it. But they just thought it was terrible at the time, and so did most of my friends. People my age at that time were more or less indifferent. We weren't political, we didn't care. But there was some very bad feeling, stories of doctors who wouldn't allow their children to play together, because one was for and one was against. Then it all settled down and was fine.

Q: Do you remember the government bringing it in?

DO: I remember the atmosphere. People being very upset, quite frightened, and thinking it was a very bad thing.

Q: What changes did you notice happening right where you worked?

DO: There was some tension on the wards. But I really don't. It was sort of an undercurrent that was going through everything, but everybody just did their job. That's what you did. There was public health of a sort. The VON was going. I know there was an option to become a school nurse or immunization, that kind of thing. There was some

public health. It seems to me we weren't very well coordinated though. With public health there was. I don't think the patients got very good instructions. Pardon me... I've got this cough, yes some water would be nice.

Q: At that point you were serving in which hospital?

DO: The University.

Q: So during that 1962 thing, do you recall any doctors leaving?

DO: I recall no doctors leaving. We just didn't talk about it much. We must have, but I don't remember it. But I do remember there was a feeling of panic and what are we doing here, because it was being picked up over the country. Oh, medical care was going to be very impersonal, you wouldn't have your own doctor, all that sort of thing. It was very strange.

Q: During the time you nursed, from the time you entered until the time you left was a period of about seven years. Do you remember anything changing in those seven years with your job duties?

DO: It wasn't that long. It was only four, and I was in Europe for eight months of that, so it really wasn't very long at all. No, I don't.

Q: And the reason you left? You left nursing forever after that.

DO: Yes, I didn't realize it was going to be forever, but I got pregnant and left. Then we went to Seattle, and I just let my registration lapse. That was it.

Q: Do you have any thoughts on what's happening to healthcare today?

DO: I don't know. So many people have said so many things, it's very difficult. I can't believe that it won't work. I'm not so naïve to not know that there's people wanting to make money off it, but I can't believe if there's a will that they can't make Medicare work efficiently for everybody. I really hate the idea of the American system.

Q: Did you have a chance to look at the American system when you went down there?

DO: It was a very long time ago. But when I had my first baby in Saskatoon, it cost me \$1.35 for rental of a radio. When I had my second baby, Tony, he was born in Seattle. The rooms were \$89 a day for the mother and \$40 for the baby, something like that. So they only kept you in two days. That was a huge amount of money; this was 1964 or '65. It was scary down there. I remember prescriptions, paying. Drugs weren't free here, but there was some kind of subsidy. But down there, buying antibiotics for the kids or anything was a huge deal. It was very expensive.

Q: What do you think about what's happened to the level of patient care here?

DO: I'm sure that it's suffered, because there just aren't enough nurses. It seems to me there aren't enough nurses anywhere that we could even bring in from somewhere else.

Q: Why is that?

DO: I expect they don't want to pay them, I don't know. I don't know, I really don't know. I shouldn't comment at all. But I think they need bodies, and I think they shouldn't be afraid if sometimes those bodies aren't fully occupied every second of the time they're on duty. There are emergencies, and there should be people there to respond to them. But I don't know. We didn't even have an intensive care unit, I don't think, in our hospital. There was something called a recovery room, that patients went to for a few hours after surgery. I imagine if there was a real emergency, that's where they'd be taken, anybody like that. But there was nothing, called ER, I don't think. Trying to remember, it's hard.

Q: Nurses in Alberta, their pay these days is not too bad. There was a period of militancy in the '80s, where the nurses stood up and said...

DO: They needed to be paid. And I think the public agreed. Certainly I would agree. Same for teachers. They deserve to be paid very well, I think. Particular hours and that kind of thing.

Q: Could you think of one story from the time you were nursing that for you sums up what it was like to nurse when you were doing that?

DO: Probably the polio epidemic, 1957 was it? I was working on the neurology ward then. They came to us, and it was absolutely horrible. I remember people coming in, babies, some of the dying. We really weren't prepared at all. The wards weren't set up properly. Instead of having them together in a room, they were all separated. There were a lot of private rooms there. The iron lungs were being used, the old iron lungs, all that stuff. That was scary. There were some very sad cases there. But everybody pulled together. They had a lot of special duty nurses on then. I don't know if they have that now. Can you pay to have a special nurse? A few people would have them, and for some of those polio patients they almost had to, because they were so separated on the ward. They had to have someone with them all the time.

Q: Describe the iron lung.

DO: Just a huge cylinder with portholes on the side, and bellows. There was a neck, collar, that was airtight. There was a pumping bellows at the end that sucked the air in and out. Pull the chest up and down. It was a full body thing.

Q: How did polio affect the victims?

DO: There were two kinds. There was the one that affected the total musculature, nervous system, so they couldn't breath. If they survived that, that was the most

devastating one. If they survived it, they would recover completely. Then there was the other kind. They had names, I can't remember. But there was the other kind that left paralysis. It wasn't as bad in the first instance, but it's left people permanently paralyzed. I understand that some of them are having relapses, even now, which is really strange. I lost a couple of schoolmates to it. It seemed to hit the healthiest, youngest, most vital people. That was the hard part. It was a bit like nursing in war, when you expect to old to be sick, but not the young ones.

Q: And the hospital was pretty full in those days?

DO: Our ward certainly was. It seems to me we were usually up to capacity. But that hospital was the one that doctors referred to all the time. We had a lot of out of town patients, people that were brought in. We had highly specialized doctors, endocrinologists, that sort of thing.

Q: They still hadn't found the cure for polio, and then they found it, right?

DO: Yes, and I understand that it's recurring a bit now. Polio was a fact of life when we were growing up. We were never allowed to go to a public swimming pool or anything like that in the summertime, or to a movie theatre or anything. Because polio would get you. That was a particular kind of torture. We lived right across the river from the Avenue H Swimming Pool. You could hear the public announcements, but we were never allowed to go. That was just heaven on earth to go to the pool, but we couldn't do it.

Q: There was a bad flu epidemic in those years too. Do you remember that?

DO: There was one in my last year, because I got it. That was the spring of '58. I remember it was Easter holidays. I got it and I was home in bed the whole time, and it was awful. People must've died of it, but I don't remember that.

[END]