Interview with Donna Antsey
UNA Offices, Edmonton, AB
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DB: What's your name?

DA: Donna Anstey.

DB: Great. Tell me a little bit about how you started nursing. Where did you learn your skills and start to practise?

DA: I trained at the University Hospital. I started in 1965 and finished in 1968. I graduated from there at a time when—well, to tell you a little story. When I graduated, we were told if we stuck around to get them through the summer it would make things better for management. And so about November before February came along, none of us had heard from the hospital. So we didn't know if we had jobs. So we went senior block, what they call senior block, and they came to do our presentation and one of the girls got up and said, OK, you need to tell us whether we've got jobs or not. 'Cause if we don't, we're going to go elsewhere. Well, Miss Purcell and Dr. Snell at the time, said – I didn't know they said this till later, till Miss Purcell retired - but they didn't have jobs for us. But they knew if they didn't give us jobs, they couldn't ever say the same thing to another class. So out of the 44 of us they hired 33. That was in February of 1968. Then I started on 56, which was cardio-vascular surgery in February, and I moved into the unit, which was an intensive care unit, in September of that year. At that point there was no special training, like you didn't take a course, just on the job trained. There was a course but it was optional. So, I worked in there until 1974 and then I was asked to become assistant head nurse on the ward. Shortly after that the head nurse quit. So I got the head nurse job and stayed there until 1986 till we moved to the new hospital. I became the head nurse over there and I went and became a patient teacher and then I became a patient care coordinator and that when I retired in 2003.

DB: That was great. Let's go back now and talk a little bit about heart surgery or heart care. It's one of those areas in medicine that has seen really significant changes.

DA: It was a 30-bed unit and there was one RN and one student and the student could carry the keys and could take charge of the ward when the grad wasn't there and an RNA. And we shared an orderly between ourselves and general surgery. Over time even in seven short years we got more staff on evenings and realized that one RN wasn't enough. Because you flew. In fact we were talking the other night – we worked really hard but we played really hard. That was the thing that was near and dear to our heart. Once a cardio-vascular nurse, always a cardio-vascular nurse. And I'm sure that anybody else will tell you the same. Once an orthopaedic nurse, always an orthopaedic nurse. Or a neuro-nurse. When I went into the unit, as I say, we didn't have any formal training but I'm really glad I trained when I did and got the experience I got because everybody got along. When people talk to me about working in cardio-vascular, most people think that the cardio-vascular surgeons were hard to work for. They got along well with all of us; they treated us really well. They partied with us, they worked with us, and it wasn't a matter of you do this because I say so. You were entitled to your own opinion and you could talk to them and they would listen and come up with a joint decision.
The thing I remember about 58, which was the intensive care unit, there was a little ledge behind the desk and we all sat on it when we were giving reports. And the kids were commenting their boyfriends or husbands always knew when they were getting off work because all the bums would be lined up across the desk area.

DB: Talk a bit about the actual procedures that you'd be working with.

DA: In the beginning we were cardio and vascular and thoracic. So we had a little mix of everything. If I remember correctly, in those days we did maybe one or two open hearts a day because we had one theatre. All of the open hearts went back to the unit. Now they do six open hearts a day; that's all they do. The corresponding wards – they have a separate ward for thoracic surgery and vascular surgery is done at the Grey Nuns. When

I started, they weren't doing coronary artery bypasses. They started about 1969. Dr. Callaghan did one of the first that I remember here. The patient used to go to the OR and we received the patient on the other side, or the recovery room, and then when he or she was stable we brought them back to the unit. Now the patient comes directly with an entourage back to the unit; they go directly to the unit. In the beginning when Dr. Callaghan did his first open heart in 1956, and they were doing what they called Vineberg, which was they took an artery from the heart and just left it free-flowing into the muscle. In '69 or late '68 he started by inserting, doing graphs to the coronary arteries. The valves have changed a lot too. In the beginning a lot of them were metal valves and now over time there is more and more better tissue valves, that don't require as much in the way of management. With an artificial valve you have to be on Coumadin for life. You can go off it, but that is a medical decision. Like if you turn out to be a person that bleeds really strongly or really easily, they will take you off. They have to weight the two...

KW: Did that make a lot of change in your actual nursing practice?

DA: Yes it did. It made a great deal of difference in our nursing practice. When we first, again, we had limited resources. We didn't have-- when we received the patient on the side, we took all our directions from the anaesthesiologist. Now they have intensivists that manage the patients while they are in the intensive care unit. In the beginning we did things like, we managed their CVP or their central venous line on a small monitor. Now it's all on monitors on screens and it's much more mechanical than it was in the early days.
We went from having a monitor on the ward that somebody looked at occasionally, to really having to have a bedside monitor and now the girls have to really know what they're doing. There are a lot more medications that are put into a patient's body, whether it be to help them breathe or to "snow" them so that they don't wake up too soon. There are much more things that they can do. I mean they put people on balloon pumps now to stabilize them, where we didn't have that sort of thing. If you were close to death, that's where you were. One thing about working back then we worked really hard and we worked together

because it was the beginning. There was none of this work until work's done and then sit down. No, you worked until your work was done and then you made sure that everybody else's work was done before you sat down.

DB: So there was a real sense of team working together. Do you feel that's changed now?

DA: Yes I do. Old nurses all talk about it. I got together with a lot of other girls that had worked there before in 1980. And two of them are still working and that's what they say. The biggest change is people then worked together and now it's me, my. Once my work is done or my patient is taken care, of I can sit down. I don't need to share my workload with you.

When I started, there was one RN, a student, and a RNA on a ward for 30 patients. Now on a ward for 18 patients there are at least 2 RNs, at least one RNA, maybe three RNs, and if there are students, the students can't really be responsible because they are not allowed to do anything by themselves. Whereas when I trained, I mean I can remember when I was a senior student, one of my classmates was working on 56 and she came into the lounge and she said I'm going to be in charge on 56. Really? Yeah, they don't have anyone else to do it. Well that wouldn't happen now. There is no way they would leave a grad student in charge of a ward because they don't have the experience.

In the beginning days, I can remember being a young grad and a patient bleeding. It was in the days of mini-skirts and cumbersome beds that were not electronic, and the girls running back to the OR with this patient on the bed and one of the girls said you have to stop. And she put her hands on this man's groin because he was bleeding from the groin, and her skirt came up to here and everybody said something about her skirts and she said it doesn't matter, we have to get him back to the OR. That sort of thing. It used to happen a lot. Now I don't think it happens as frequently. Patients used to tamponade and we'd have to recognize the signs, and of course at night you and the other girls you were working with had to solve the problems, because by the time a resident got there it may be too late.

One day I was working and I was on the floor and in charge and 56 was right outside 58 and they had a code. So anyway I went in there and the girl looking after the patient was somebody that I knew. So I asked her some ABCD type of questions and she gave me the answers and I just dealt with what she told me and I gave her answer – I said to her do you have any blood on hand? And she said I don't know, we just got back from the OR. So I solved some of the problems for her. And after I said, OK I'll phone the OR; make sure there is an OR available for you so you can go back whenever you deem it necessary. I'll find you a staff man to do the surgery. Afterwards the resident came up to us and said, can I talk to you guys? And I said, sure. Have you guys ever worked together? Yeah, 4 or 5 years ago. I must admit watching you was like watching harmony in motion. One person asked a question and the other person gave the answer. It was almost like you had the same thought. We said, thank you very much. I'm not sure that sort of thing happens all that frequently any more.

When we were students, we all lived in residence. So we all lived out of each other's back pockets. You really had to learn both to rely on each other. I remember when I was a first year student, I went home for my two-week vacation and coming back, the girls said, don't unpack your bags. Where you're going to work – the girl that went home yesterday almost left. Ok, why did she almost leave? She came home in tears, every day. She almost quit nursing. You don't necessarily find that same companionship, camaraderie any more. There's one or two that may come in and out of your life, but that's common because they don't live in residence anymore. They go to the university, are in classes there. Enormous in size. So they don't have a need to really depend on one another.