

Diamantina Health Care Museum Association Inc – Oral History Project

This transcript is a slightly edited version of the conversation on tape.

Researchers interested in the fine detail and vocal nuances of the interview are encouraged to listen to the aural version.

Interview with: **Bobbie Williams** on: 28/9/99

Interviewer: **Sue Pechey**

Place: Diamantina House

SP: Now tell me about your family life and your childhood.

BW: My childhood – I was born on 11/4/1940 in Brisbane at Milton and we moved from there to Rocklea when I was 9 months old. We lived at Rocklea until I was 13 and from there we moved to Salisbury. I have 2 stepbrothers and a stepsister who were there before me. Bernie, Audrey and Kenny. They were 15, 13 and 11 years old when I was born.

SP: What were your father and mother doing?

BW: Mum was a home Mum and my Dad worked for Evans Deakin at Rocklea – he was a crane worker, a dogman – very dangerous, but he loved it.

SP: Evans Deakin, Rocklea were making?

BW: Trains, ships, anything made of steel.

SP: Where did you go to School?

BW: I went to School at Rocklea and then Yeronga State Schools, when I was in Grade 5. From there to Nunn & Trivetts and I did a commercial course.

SP: So was Nunn & Trivetts a yearlong course?

BW: Yes, I did shorthand, typing and bookkeeping – I didn't use the book keeping very much! Then I went as a Secretary in the Brisbane City Council. I went from there to Nursing.

SP: How did you get that job?

BW: I just walked into it. I was making applications to get a job with Nunn & Trivetts as my background. We were sent to the City Council and I was employed by the City Council. Lord Mayor Groome was one of the only persons who always called me Robina.

SP: You were very young to have that job? They wouldn't put a woman as young as that there now, would they?

BW: No. There were three of us. I was typing mostly in Parliament and you were just always there.

SP: Were you taking notes of what was said? And you were typing that?

BW: Yes, I was taking Shorthand then typing my notes.

SP: What were your typing and shorthand speeds?

BW: I can't really remember but I know my shorthand was fairly quick and my typing was about 60. It was very handy when I went Nursing I used it a great deal. I had my own typewriter at home and I've still got it in fact – it's one of those old Royals.

SP: O.K. so how long were you with the City Council?

BW: Oh not long, from early 1956 for about a year.

SP: Were you sort of marking time until you could get into nursing?

BW: Yes, I had very strict parents – my parents were elderly – my Dad was 65 and my Mum was 40 when they had me and she had no thought that I would ever go nursing, so I did the whole thing myself. I filled in all the papers and sent them away and until the time that she had to sign the papers for me to go Nursing, she really didn't know that I had done all that and then my father persuaded her to let me go nursing.

SP: What did she have against it?

BW: She didn't think it was a very ladylike thing to do. She was a very proper person. I couldn't discuss anything at home, like what happened to me at work and those sorts of things. Luckily we had our own little group that we could discuss what was happening.

SP: So you applied to what was then Brisbane Hospital Board.

BW: It was The Royal Brisbane – in 1957 and that was my first association with Princess Alexandra Hospital. They couldn't fit us in over at the Royal, sleeping-wise, so we lived here – not in the new Quarters – they weren't finished – over in the Diamantina Nurses Quarters. We did that for the whole of our Prelim, which was three weeks. There were 68 enrolments and only about half of us finished. We lived here. We started on the Sunday and we went over there at 6 am on Monday morning.

SP: What was it like on that Sunday afternoon?

BW: It was the first time that I'd moved away from home, all of us were in the same boat – we were all very young, about 17 and we only had one in our Prelim who was older and she was 28 – very much a woman of the world! She even had a sports car and she smoked – oh and we all thought that Pam was something! We moved in with just a suitcase, a pair of shoes and we had to have a list and we bought what was on the list – it told us how many knickers and anything else that we had to have. It was very much like it was when you went to Boarding School. Everything white, except for our stockings, which had to be brown Lyle. They were seamed.

SP: I used to wear seamed black Lyle and they were wonderful to wear but you can't buy them now.

BW: They were very good for your legs and so easy to mend! The Uniforms were only eight inches off the ground and that's long by today's standards. They could be no less and no more than 8".

SP: Did someone come around and measure them?

BW: Oh yes, and they'd make sure we didn't hitch them up (which we did of course as soon as we got into the Wards) – we used to hitch them up over our belts. Our belts were starched types.

SP: What kind of headdress did you wear?

BW: We wore a first year cap, which basically had nothing on the rim – it was just a plain rim and all our hair went right underneath it and it was pulled with drawstrings. When we got them from the Laundry, it was just a long piece, which we'd pull together and it was starched and we had to wet the string so it would pull together. We had jigger button uniforms, which we had to put the jigger buttons through. They were buttons that had a jigger at the back that we pushed through a slot. They were mother of pearl and they were removed after every shift. We always had enough to do two uniforms so we always had a spare lot ready.

SP: Were they specially made for this Hospital?

BW: No they were general nurses uniform – the Royal and I think all Public Hospitals had exactly the same uniforms. We had a red cape, which came to above your elbow. My parents bought me a cape when I was about six months into nursing and it was lovely. I'd put my hands down and it would come to the end of my fingers. It was red

and was lined with satin. I've still got it and I'll probably give it to the Museum eventually.

SP: So you then moved over there.

BW: Yes we were only three weeks here at Princess Alexandra Hospital.

SP: You went over by Tram?

BW: No we went by bus – they hired a bus and we went over every morning, sitting on the bus in our little capes and you had to be totally dressed in capes etc. even in summer.

SP: Did you have breakfast before you went?

BW: No. We had breakfast over there.

SP: What did they teach you in Prelim? What was that about?

BW: We had all our shots in the first week and a lot of us were very ill. I was very sick. There was smallpox, tetanus, TB, and cholera. I only had only one week of Prelim because I was in hospital for the next two weeks. I got a very bad smallpox reaction – I had cellulitis from my wrist up to my elbow. My parents were on holidays and they were called back, I was so sick. Dr. Garlick called them and told them I was very very ill. My mother, who never swore, told him I told her not to go bloody nursing. She really thought that nursing was not for me.

SP: But you had other ideas?

BW: Oh absolutely – I mean once I started that was it and nobody could have been prouder when I finished.

SP: How long were you training?

BW: Four Years.

SP: That was all at Royal Brisbane Hospital?

BW: No. I came to be a Princess Alexandra Hospital trainee when this place officially opened taking junior nurses. We were seconded from the Royal if our parents lived on the Southside, we didn't get any choice – we came over as Senior Nurses and I was a second year nurse and I lived in the Nurses Quarters. We were allocated a room - then we went on night duty and we had to go up to the 6th floor. You changed your room every two months because we were on night shift for two months so you didn't accumulate too much.

SP: Yes so you never had a chance to personalize your room.

BW: No. We did the most with our own rooms; you had the things you took with you everywhere you went. You'd get your room on one of the floors and slept up in the 6th floor for that two months because there wasn't a great number of nurses at first, but once we started to get more and more students, that didn't happen and that took around six or seven months. The Students who started at Princess Alexandra Hospital didn't like us very much – we of course were called the Royal Brisbane Nurses, but we soon became acclimatized.

SP: Yes. Two years' experiences as a trainee nurse over there and moving over here, were there a perceptible difference between the Hospitals?

BW: Oh, absolutely. This place when it was advertised, even in the "Telegraph" was advertised as "the most modern Hospital in the Southern Hemisphere" when it was built. One of the things that sticks in my mind was the fact that we had screens on rails around the beds, whereas we used to have to carry the screens. It was much more modern in every way. The floor – it was that vinyl that you could just wipe and no problem at all. We used to have to sprinkle wet sawdust to make sure there was no dust at the Royal before we swept before visitors. They were just tongue and groove boards, so you couldn't wet them too much. The wards also at the Royal had anything up to 72 patients and here we could fit in 52 with a squeeze with ABC beds.

SP: What are ABC beds?

BW: The Wards have got cubicles of 6 patients, numbered 1,23, 456. ABC beds lay end to end up the center, - there were no such things as calling cardiac arrest – I always think patients died with dignity then – they don't now. ABC beds stayed for many years here and even the areas which were two bed bays, next to the office, had AB beds. We had no room to move treatment trolleys – we had treatment trays and that's one of the things we learnt in our Prelim.

SP: So this hospital was built to take the overflow from Royal Brisbane and pretty soon needed an overflow of its own?

BW: Yes, because even having ABC beds, which was totally bad. You really had no room and the curtains we used for them had to be pinned from the beds that were on the side – we always carried safety pins on our Uniform on the back of our buttons

because quite often the jiggers got caught and we just used big safety pins. You'd take the safety pin out of the bottom button and replace it when you finished.

SP: This must have made for a few lost buttons?

BW: Absolutely. You put them in your pocket and forgot they were there, but you know, if you had to go anywhere or present yourself somewhere you had to make sure all your buttons were done up completely. In those times because our uniforms came so close to the floor - there were times when you had no un-laddered stockings - so you created them. Now you can buy stockings that go just to your knees – well we created those by making a roll and knotting them just below the knees but you couldn't see because you had a petticoat – you always wore petticoats and the uniforms were that real linen and starched so yes, they were very warm. The Hospital was so brand new, it was the best thing since sliced bread compared to what the Royal was like.

SP: Yes. So you did two more years of training, then you were a Sister?

BW: Yes, I was a registered nurse but you were never called a registered nurse – you were always called “Sister” so during those 2 years as far as hours of training and learning was different to what they are now, we used to have to work from 6-11am and 2-6pm and in those hours in between we had four hours of lectures. On other days we had to do four hours' study even though it was our own free time – we were signed in and out by Miss Dickfos into the main lecture theatre as study time. We used to have to do that at least twice a week. We only had one and a half days off, so after your half day you'd either work 6-11pm or 2-6pm.

SP: What did you do on your days off?

BW: I was a gold-coast person. I was very fond of the Coast. I mean I'd never been one to have a great deal of freedom as far as home was concerned – so I used to hitch to the Coast. There were always two or three of us together and the truckies were your best rides.

SP: That was about in 1960 – it would have been safe then?

BW: Oh yes – absolutely safe. 1958-1961 – I used to hitch to the Coast all the time and the truckies used to pick us up and drop us right at the door and we wouldn't come back until we were due on duty which was 1.30pm, we'd come back at 11 o'clock or 12 o'clock.

SP: What were you doing down at the Coast?

BW: There were places that used to cost 2/6d to stay overnight at Coolangatta and at Kirra and we just surfed and go out with the local life savers and it was just such a lovely thing – there was no such thing as going out with someone and jumping into bed – you just didn't and we had good fun, a lot of us together and you got to know so many people and I used to have a huge tan and I never thought about suntan lotion.

SP: No – I can remember my father saying exactly the same – on the beach you are going to look like an old prune by the time you are 35!

BW: That's right. Just after I came over to Princess Alexandra Hospital I met Mike, my husband and I was engaged within about four months.

SP: Was that kept a secret?

BW: Oh no – you could be engaged without getting married – we weren't allowed to be married and I was engaged for about 2-1/2 years.

SP: Where did you meet Mike?

BW: I met Mike down the Coast. Mike was a truck driver – a friend of mine parents had a house down the coast and we went down this weekend and Michael was the cousin of the guy she was going out with.

SP: Okay so you'd finished your training.

BW: Yes - I had lots of time on sick leave to make up – if I had been training in this day and age I'd have been asked to leave – I had so much sick leave in my first year because I'd never had any children's illnesses as a child, I'd just never got them. As soon as I went to kids I caught them all. I had about four months off in my first year and consequently I had to make all that up at the end. I started my training in April and didn't finish my training until the first week in June and I got married on the 10th June.

SP: Did that take you out of nursing?

BW: No, when I was first married I went and did Agency work, I worked for a Queensland Agency - I don't think its an Agency now – and I worked all around Sunnybank area because I didn't have a license to drive so my husband used to just drop me off or I'd work within walking distance to private homes.

SP: What sort of work was that?

BW: It was just home nursing. One place I worked for nearly nine months and that was at Kaden Farm at Sunnybank. He was a bedridden young man being nursed at home. I worked 12-hour shifts, always a day shift, but if they couldn't get a night duty person, I stayed overnight and it was five pounds a shift, which was great, and I earned five pounds for eight hours, which was a lot.

SP: How was the family supporting that?

BW: Oh, they were very wealthy – they owned a private aeroplane and their daughters went to NEGS. They owned one of the big stations out west somewhere. I think they still do and they had a beautiful home and with an extra part like a Granny Flat, which is where he and the Nursing Staff were. My husband didn't mind when I had to work a 24-hour shift.

SP: Your husband didn't mind that?

BW: No – he used to pick me up and drop me off. I became very friendly with the family and in the end I was pleased he died when someone else was on duty because I would have been terrible upset. He had had a stroke as a very young man – 45 and I think he'd been ill for about 10 years and in the end he couldn't speak or anything.

SP: The other houses you went in and out of, were they paying all of your fees themselves?

BW: Yes but they paid the agency and the agency paid me. I worked at New Farm and Ashgrove. All places I could get to on public transport until I fell pregnant. I fell pregnant at the end of 1962.

SP: Well let's jump to when you came back into Princess Alexandra Hospital.

BW: I came back into Princess Alexandra Hospital in 1969 because my husband was working two jobs a day shift and then an evening shift, it just got to be too much for him and so that's when I said to him "Look – let me go back to work". I really wanted to go back to work.

SP: You had had enough of little kids for a bit?

BW: Yes. I had my driver's license by then. I came in to have an interview with Senior Sister Mavis Schaeffer – I had the baby with me who was only seven months old. I only wanted to work evening shifts 6 – 10.15pm, because I had three young children, 6 and 4 yrs and the baby. She asked me to start that evening but I had to

make arrangements with Michael so I started the next day the 12th July 1969. Michael used to come home from work at 5 pm and I used to leave at 5.30pm. I did that for 8 years

SP: During those 8 years, did that work quite well in your family?

BW: Oh yes, it worked fine. I had the weekends off and the children were never at home alone and it worked fine. I didn't have any parents – both my mother and father had died and my mother-in-law was not the type of person who looked after kids some people were like that she just didn't think it was right to look after any grandchildren.

SP: Were there ever occasions when there were emergencies and you were called to come home from work?

BW: No I don't remember having any time off in all those years.

SP: Right. Well at the end of that 8 years, round about 1978 what happened?

BW: The firm Michael was working for went bankrupt - I had to come back to work full-time straight away as they didn't even pay him that last weeks wages. I came up to see Mavis Schaeffer again and explained that I needed to come to work full-time. I started the next week and I worked with Beth Corbett who was the Charge Nurse of M1 to get into the routine of days and I did that for a month. I then went to work in the spinal injuries unit. I worked over there for a short period of time with Sister Pollock. She went and did her spinal injuries course down in Sydney and I took over the charge position for a year.

SP: So Michael picked up another job?

BW: Oh yes, but not for two years.

SP: What position do you hold now?

BW: I'm a Nurse Manager and I've been a Nurse Manager for a long period of time and I work in the Research Department – Nursing Research.

SP: Can you describe your job to me now?

BW: At the moment the Research Department is in a state of flux – it has not got an A/DON or a permanent position as far as nursing is concerned. It's waiting for the Professor to come on board in December from the University and because Janeen Greenhill was in that position and she really didn't know if her contract was going to be renewed in September and she was being headhunted so she was freed and the

person who was working with her was Marj Henderson and she didn't know what her position was going to be either and so she went and got herself another position which was a real pity for Princess Alexandra Hospital because both of them were very good in their positions. So at the moment, I'm just holding the position open and what I'm doing is if anybody asks about Research and I don't have the answer, I just give them the handouts and refer them to Maureen Spence Thomas who has got a Masters in Research.

SP: Right. And what sort of research is it that the Unit has been doing?

BW: The big project we had is a "Models of Care" project. In 1996 we started the Models Care Project and we were trying to test out the best model of care to take to the new Hospital – Six Wards were taken on board to do one type and six Wards to do another type and it worked very well – pre model care and post model care – different type of models. No models really turned out any better than another model. It's been a very good project because it's proven to us there's no overall model that can work in every ward – it's got to be a different type of model depending on the ward.

SP: Was this preparatory to moving in to the new Hospital?

BW: Yes and the models project final report now is being typed and at the moment I am doing research for "Relatives in Resuscitation" – relatives are now going into resuscitation – we're trying to do all of our nursing care now with any changes to be evidenced based so evidenced based means research of course and that's what we're doing at the moment – at least we're trying to do that.

SP: So you're no longer doing any hands on nursing.

BW: No, I don't do it as far as Princess Alexandra Hospital is concerned but I do it out of here – I keep my hand in. I work with Crossroads and I go two days a months when I worked it out – I go Christmas time, I go on my holidays and at Easter and I do three days at the Gympie Muster and all that sort of thing and they're epileptics most of them and wheelchairs and I thoroughly enjoy it.

SP: You might find that the Gympie muster is a bit rough?

W: Oh, it's terribly torrid. It's sort of early morning until 11 o'clock at night, we're out in Amaroo State Forest and I really enjoy it although I'm very busy and this year we had about 28 disabled people with us but only one wheelchair which was handy, but

wobblers are worse than wheelchair people at that sort of event, especially when the mud was flying as it was this year. That's how I keep my hands on, and I really enjoy it and I think that keeps you a bit sane when you're not in a hands on area, because I like nursing, I really enjoyed nursing but I think when you get to a certain age there is a time to give up the physical hands on nursing.

SP: Is that just a matter of physical strength?

BW: Oh physical and mental fatigue – I mean I was in charge of Neurosurgery from 1979 until 1991 and that was very physically and mentally straining – extremely so, but I enjoyed it and my grounding from the Royal Brisbane. My first ward was in Neurosurgery. So when I was asked would I like to have that Unit after I'd been in charge of Spinal for a year and Sister Pollock came back I came into Neuro and opened a new Unit.

SP: Oh right. When you open a new Unit like that, do you get to choose the staff that is coming in with you?

BW: No. You don't but they definitely do now. There were people who were allocated to work with you. We were only about four Registered Nurses and the rest of the staff were all trainees which was not something you can do with Neuro I had ten beds in Critical Care at the end of the Ward. And all up we had about 31 beds. We just had to have more Registered Nurses and we built up the Registered Nurses number into what it is today and I think there's about 26 Registered Nurses.

SP: O.K. so you've got a really intimate knowledge of this Hospital from about the early 70's until now – which is 25 years at least – that's a lot of experience. Over the 25 years or more when you've been a fully qualified nurse here, what have been the major issues from your point of view?

BW: I think possibly, the length of stay of the patients. I mean when you had patients in Hospital way back then, we nursed them in bed for ten days for appendicectomy and then you had all complications that would set in because of that – thrombosis, etc. They weren't allowed to move and of course that can be fatal – you had people getting pneumonia because they weren't allowed to get up and around. Gradually over a period of time, the patients were much sicker because they'd come in and you only had them for the time when they were very ill and then they'd go home and that is what's

happening now of course – they are only in hospital for five days, even for most major surgery and then allowed to go home.

SP: Yes. I had an ovarian cyst removed in the Hospital in Yugoslavia and they seemed to get us out of bed on the second day and walk to the toilet.

BW: You'd be out the same day here! Take hysterectomies – in those days we nursed them for anything up to three weeks – they were just not allowed to move around but today you're up out of bed that same afternoon to make sure you're mobile and it's working – it seems to be the way your wellness comes, not your sickness - over the years with cataracts we nursed them with sandbags on either side of their heads.

SP: Yes well I went to work straight after mine was done.

BW: That's exactly what happens now but we nursed them with sandbags so the nursing was so different. We had to turn patients, we had to make sure they were moved from side to side and we rubbed their backs but of course you wouldn't even look at patient's backs these days! These days people just move and turn to get pressure off their backs whereas before we made them turn over and we rubbed their backs with methylated spirit – back spirits we called it and we had these great big books that we had to fill in – every patient's name was in this book and you had to make a note of what their back was like fourth hourly and every day you did this. We never had any bedsores I might add. The same thing with the treatment book where you had to fill in the treatments that were done and you had to make comments, as we never made notes in the charts. The charts are the patient's records – the nursing staff never wrote in the patient's records – that was an absolute no-no. They were only medical charts and everything that you did was written in the Nurses Books – We had a day, evening and night duty books. Each ward had them so consequently the person on night duty had to rule up and fill in patients name in these three books – that was something you did on night duty in between doing your nursing duties, but the patients weren't as ill back then because they were in for a long period of time so consequently you had their backs, treatment and their temperatures to take every four hours which we don't do now – you don't take their temperature except when they arrive in hospital and if there's nothing wrong with it then you just don't take it again.

SP: Was that because infections were more likely then?

BW: No, it was just protocol – it was considered good nursing that every four hours a patient had their pulse and temperature taken and recorded and that chart was on the end of the bed – that was the only thing that you did do that was filed away in their chart.

SP: Well that is a big change.

BW: Yes, a huge change – because it was the time it took – I mean you only had ten thermometers in the wards and if you broke a thermometer you paid for it! I broke a whole bunch of them – about 30 of them at the Royal and I was paying for them all the time!

SP: Did you just drop them?

BW: No I didn't – I boiled them! I'd put them in a dish and stuck them in the boiler sterilizer. I think oh how stupid can you be, now, but I was so young then and I put everything in to be boiled and they burst of course – then I had to go to Matron and explain. They took five pence out of my fortnightly wages and then I got 3 Pounds 5 shillings a fortnight, which is \$7.

SP: O.K. so that's a big change, any other changes?

BW: The things that we carried around are big changes like blood pressure machines and that sort of thing. We had to cart them around whereas now they're on the walls or else they had wheels on trolleys – that was a big change and something you didn't have to cart around. The screens were a big change as far as I was concerned. That we went from having ABC beds down to the beds at the walls only beds, that was a very big change going to having a 32 bed ward from being a 48 bed and very cluttered. We went gradually from ABC to AB down to A's, so it was over a long period of time. We got rid of the C beds very quickly – we only had them for about three or four years and we had AB's and A beds for quite a long time after that.

SP: Was that a decision just not to over admit to this Hospital or were there fewer people needing hospital beds in Brisbane?

BW: Well as the patients didn't have to stay so long we could take some of the beds out. QEII didn't come on line for quite a long time to take patients from Princess Alexandra Hospital so we still got all the patients.

SP: There's one big change I know about and that's the change in the formality of the hierarchy and in some ways that's reflected in an informalisation of the dress code.

BW: Absolutely. Whilst I was training, we never ever would dare enter into a lift or go through a door before anybody, even a nurse, that was senior to us – they always entered first and we got left behind or we walked the stairs and when I finished my training that was still there. When I was a Sister with a veil, we were the people who the Student Nurses said Sister to and they stood back for me. That seemed to go fairly quickly but we never got called our first names, we were always “Sister Powell” or “Sister Williams” and the nursing staff never referred to us as anything except for our surnames. We were surnames only for a long time and I remember when I was in the Wards and as a Charge Nurse in M7 I was still Sister Williams. Then we got rid of our veils and I think that was the time when it became a little bit more relaxed.

SP: Was getting rid of the veils a relief or a bit of sadness?

BW: Well it was a relief because they were annoying if you were going behind screens but a sadness as far as the older patients were concerned – they really couldn't tell who was what – the patients really felt it a great deal more than the Nursing Staff. I didn't mind wearing a veil and that was the time when I had to get my hair cut. It was always under a veil, I had long hair and I just put it up in a knot Once I removed my veil, it looked gross, that's when I had my hair cut, I could sit on my hair before that – I had my hair cut within two weeks of losing my veil.

SP: Was your husband cross about that?

BW: No, he didn't seem to worry– he never said anything. I'd always had long blonde hair.

SP: So I did. I had medium length hair. I went to London on a holiday and was living in Yugoslavia and had my hair cut pretty well shorter than it is now when I came home and thought Oh, God you'd think Western Civilisation had crumbled.

BW: Then of course once our uniforms got shorter, and you can tell by the photographs of the graduation days. In Val Geary's time 1965-71, her uniform was a very good indication of how the Uniforms were, because Val used to wear hers very short as she used to totally blouse it over her belt. Until nursing staff went into

University the uniforms stayed fairly strict – it was possibly the University training time that the uniform protocol became a bit lax.

SP: You'd be very visible on the Campus in white nurses uniforms.

BW: Yes, that's exactly right. Once the University students were visiting us with their tutor, you could then notice the uniforms becoming more casual and nobody seemed to be able to do anything about it.

SP: So it wasn't a kind of rule ever?

BW: The Uniform protocol basically is still the same as it was – just not enforced and we never ever could wear anything except for red cardigans and then much later Princess Alexandra Hospital became blue cardigan – that was never really enforced. Miss Sprenger, who was the last Matron/DON who just retired, tried when she first arrived at Princess Alexandra Hospital.

SP: Well now let's talk about the Matron in your day, since we're talking about hierarchy. The first Matron you remember would have been Miss Broomfield?

BW: Yes, she was the first Matron of Princess Alexandra Hospital and she was very starchy, and totally unapproachable. You never spoke to her, she used to have her own little area down in the Dining Room, where she could see everybody. In the Dining Room first year nurses sat here, second year nurses sat there, the Medical Staff sat elsewhere and the Sisters sat somewhere else and never the twain shall meet – there was no way in the world you'd sit anywhere else except for in your own area – you weren't allowed. Mum always had this thing that you were no better than anyone else, but then nobody was any better than you, so that became a real problem as far as I was concerned but I was determined to be a nurse so I knew I had to stick to that rule.

SP: You were a natural gregarious person?

W: Oh absolutely, yes. I used to get in a lot of trouble because of it but you know I used to hate it if I was told off and I answered back! In my first two years at the Royal, we had the Block Sisters and I nearly didn't come back to nursing because of one of them because she told me I was dirt and I should not have been doing what I was doing, yet I'd been told to do it, and I was dirt to the Institution, so I just flounced out and told her to let dirt do my work. I was told by the hierarchy that if I ever wanted to continue nursing anywhere I'd have to apologize and of course I did! I went home to

Mum and told her what she'd done and she said "Well you know, if you want to continue nursing and it was your choice, you really shouldn't give it up now " so I got hauled over the coals at home too. I could feel that she agreed with me, but you just didn't do that sort of thing and so I had to go to Miss Burbridge (the Matron over there) and she told me I'd have to apologize to the block sister and so then I said "IF I was rude, I apologize" and that was as much as I could get out. The block sister accepted my apology and shortly after that I was transferred over here. It was a good move for me because she really hated me after that. She was absolutely on my case and of course some of the Block Sisters here were just as bad and they used to wear white gloves. The Junior Nurses were responsible for the Pan Room and they used to run their white gloves over the pan room and underneath the pan rims so now everything's changed so much.

SP: Why – can you put a finger on why it was that the Nursing hierarchy in many ways was so bitchy?

BW: Because I think that's what their hierarchy was like to them!

SP: Was that a self-perpetuating thing from Florence Nightingale onwards?

BW: Oh, I used to think it was just exactly that – they were treated like that and so they used to treat us like that – they just thought it was part of what they had to do and I mean some of them were nice and some of them were bitchy! I remember a couple coming to the PAHPNA reunion and they were so nice and they're very elderly ladies.

SP: Did you ever get to be a block sister yourself?

BW: Yes, when I was working 6-11 at night I used to work in the office quite often. The day shift used to work 9.30am until 6.00pm and hand over to me and I would then be in charge of the Hospital because you'd only have one Block Sister on in the evening and so I'd walk the Wards – I did that for a long time, about 2-1/2 years.

SP: Did you terrify the staff?

BW: Oh no, not at all – I never ever did – I was never ever that type of person, I would reason with people and I didn't feel I had any less respect.

SP: Well I mean you can point out errors without being nasty.

BW: True! I don't think I ever made any enemies at all, but I had a lot of people that I had to have interviews with, who were doing the wrong thing, but I never ever walked

away from them and even when I was a Charge Nurse I had a very good record that we had less changes of staff in M7 the whole time I was there than any other Ward in the Hospital – I had a very stable staff which was really good.

SP: What was a block sister's job apart from checking the rims of pans and terrifying people?

BW: While I was in training their job was to make sure that the Student Nurses toed the line. The Charge Nurses looked after the Wards. That was my impression that the students didn't get above their station in hospital life and well and truly squashed you down. They were there to make sure that nothing was being stolen from the Hospital and of course, in big places things did get stolen, we had to count everything and document the number every morning, like the knives and forks because they all stayed in the wards and they were things that we washed, they didn't go downstairs.

SP: So you did the washing up after the patients had their meal – Did you wash the plates as well and send them down clean.

BW: We just did the cutlery and we had the basins that we used to have to wash but not the big plates, they were sent downstairs and they came up in a large hot box from which we had to serve the meals. As a Senior Nurse with a butterfly we used to be quite often in charge of wards and there'd be only one Sister for a whole floor but the 4th Year was basically like a Junior Sister - you'd finished all your exams but not time, but you had a butterfly and we loved our butterflies. It was part of our head dress and it looked like it had two wings – it was totally see-through voile and the Royal Brisbane used to have their butterflies that they poked outwards and the Princess Alexandra Hospital had them sideways, we were quite different.

SP: There was a bit of quite healthy rivalry between Princess Alexandra Hospital and Royal Brisbane Hospital?

BW: Oh yes, absolutely and at that stage we created the Swimming Carnival and the Swimming Carnival has been going for many years and I'm on the Committee for the Swimming Carnival and I have been for the last 8 years. As far as Princess Alexandra Hospital is concerned and it was the first basic rivalry we had between us and we used to have the Carnival in the Princess Alexandra Hospital pool before the Royal Brisbane had their pool which we thought was wonderful. It became a rivalry between Princess

Alexandra Hospital and Royal Brisbane Hospital and we had the Mater on board but it was always the rivalry between Princess Alexandra Hospital and the Royal. We had cricket matches between the two Hospitals as we do now – that was mostly the medical staff.

SP: The Swimming Carnivals were men and women?

BW: Oh yes. It was for everyone.

SP: Did that require a bit of giggling of rosters to make sure the good swimmers were rostered off during Carnivals?

BW: Well yes, but you always put your memo in for the time off and even more giggling now these days because competition is so great as we now have electronic counters and everything and we use them in Carnivals and it's a very good competition and we have ten teams now from all over the place. The Gold Coast and Mater Hospital were always with us and sometimes the Ipswich, Toowoomba, Nambour, Redcliffe, QEII, Logan and Wesley – we only take one Private Hospital, either Wesley or St. Andrews but we don't seem to have many that are joined together. As the years go by its become much more competitive.

SP: And all that's making a difference in even little tiny things.

BW: Oh yes, we were always competitive, but things we did like we bought our Chapel and we had to have a better Chapel and now we're getting a whole new Hospital. The rivalry though is not there as it used to be amongst the nursing staff – we're more staff together and we swap a great deal of information between each other.

SP: Now you remember Matron Broomfield and after her was Miss O'Connor. What do you remember of her?

BW: I remember her a great deal because she was a Block Sister before she became Matron and she was always very fair. She was one of the nicest people and you could always talk to her – very different to Miss Broomfield – she was only with us a couple of years when she became very ill and I used to work 6-11 pm and I nursed her until she died. After her we had Miss Hill. She was never appointed, she was always acting and then it was Miss Joan Winter.

SP: Did Sister Hill apply for the job and not get it?

BW: No I don't think she ever did – she was just acting and she was terrible! She was not a nice person at all – she was a tiny little lady who only thought her way was right – there was no deviation at all whereas even though Miss Broomfield was totally unapproachable I think she listened to her own staff, her block sisters, and took the information for them whereas Miss Hill wouldn't do that, you just did it her way or not at all. Miss Shirley Kidd was appointed after her and she was a very nice lady and when the Hospital became more computerized she decided that was the time for her to retire and that wasn't that long ago really, I can't remember when she retired. I think Miss Judy Sprenger was only with us 6 or 8 years and Miss Shirley Kidd was before her.

SP: There was another piece of hierarchy that is traditionally very difficult and that's between the Matron and the Deputy Matron.

BW: It's something that I never really felt purely because when it was happening I was too Junior – I really don't know that I could say that really happened except for the fact that I knew it had happened when Miss Joan Winter was the Deputy Matron and Miss Shirley Kidd was the Matron – It was not something that really affected me and I didn't have a great deal to do with them and unless you're involved with them. I was doing 6-11pm and because they used to go home at 4 p.m. I had something to do with Miss Shirley Kidd when I was Charge Nurse in M7.

SP: So you were here for Shirley Kidd's entire period and the DON. Can you give us an assessment of her period?

BW: I found that you could always talk to her, but you always called her Miss Kidd, you never called her Shirley, she just wasn't that type of person. She was called Miss Kidd, not Matron. Her choice I think. She was known as the Matron and as Matron Kidd but you didn't call her that to her face. She was always respected – and you didn't just go and speak to her.

SP: She may have been too busy. Did you make an appointment to speak to her?

BW: Yes we always made an appointment to see her and if you got called down to her office, and we all did, on the way down, no matter how senior you were, you always thought "What have I done wrong", I used to think to myself coming down from the 7th Floor down to the 2nd Floor where they used to be, what' had I done wrong and one year it was because I'd won a raffle! All that worry! Luckily I didn't have many of

those awful interviews at all, but yes, she was a very approachable person – I used to find her always there if you really needed to speak to somebody other than the Block Sisters but you didn't go and see her if you could sort it out with the Block Sisters and the Block Sisters at that stage were called Senior Sisters, they became more approachable – there were always one or two of them that you could approach but they had their specific areas – there was the Medical and Surgical Divisions and they had floors they were responsible for and it was nursing matters that we brought to their attention.

SP: Whom would you have gone to if you wanted to talk about personal matters?

BW: You didn't.

SP: You didn't? Not even when you were a Trainee.

BW: No and that's why it was good having all the nurses we had to live in – you could not live out – it was absolutely compulsory to live in – you lived in and you had your own group of friends that you could use as a sounding board and that's why we never went of the rails as far as mental stress because of our own little clique that we could lean on and we did and in those middle areas of the Nurses Quarters – they were our sitting rooms and every time we went off duty in the afternoon at say 3 o'clock we would sit there and we would talk it out – everything about the ward that day and even at 11 pm at night when we'd get off duty, we'd do exactly the same thing – we would not go to bed even though we were told we should do, but we couldn't – you could not go off doing what we had been doing without having a talk to someone else, we were allowed to talk it out like that. We couldn't talk in our bedrooms and I don't know whether they thought it was because we would get too close, but we were never allowed to be in our bedrooms together. We did when we knew that Home Matrons round were not due and they never varied – we knew that we had two hours that we could be in each other's rooms between rounds and that's part of living in of course.

But as far as the Hospital itself is concerned, the place has got old and that's the reason why people are thinking about the new Hospital - like Casualty - when I first walked in to Casualty. I worked there for two years from 6- 11pm I used to be totally in charge of the medical side. We used to hope and pray to God that not too many people were really sick between the 1st January and say round about the end of February

because all the new Medical Residents would be out of Uni. It was terrible but a lot of them were good because they'd take what we said as belief but some of them didn't – they had S (Superman) tattooed on their chest because they just wouldn't take any notice of you and you knew better than they did about the hospital and protocol – no matter how much training they did, they didn't have any practical working. The cubicles in Casualty went up so far and they were cloth and they were so tiny. You had Medical side and Surgical side and the Surgical side was where all the trauma went and the 6-11 person always had Medical and the day casualty sister always worked trauma side - there were only two RN's on and all the rest were students and that was the big difference.

SP: So you must always have been hoping there would be no big train smash or disaster.

BW: We had them and we managed, - if that was the case you went across to surgical side and gave them a hand. You could always tell if there was nothing decent on the TV because the family would arrive with their sore toes and fingers and that sort of thing – so it's time to go to the doctors and they wouldn't go to the GP, they would come to the Hospital and there were crowds of them at night.

SP: I must say I was surprised – I did a stint as Vice Principal at a women's college and sometimes it would be my chore to bring injured students over to Royal Brisbane Hospital Casualty. Sometimes you saw kids coming home drunk from parties or needing medical attention. You'd put them in your car, hope they weren't going to throw up – take them to Royal Brisbane Hospital – or injuries off the Hockey Field on a Saturday afternoon – we were very lucky in that we had an arrangement where we would ring from the College to the Triage Sister and say we were bringing a College Student in and we used to jump the queue which was very nice.

BW: Yes. I think it's probably what happened here with Churchie. I can remember the kids coming in and they use to go straight through and the Medical Staff used to think that patients should not be seen straight away – they had to wait – it was something that seemed to discourage them from wanting to come. At least that doesn't happen now, which is good and then Casualty became a much bigger area and it was not called Casualty then, but Emergency Department. We had that small

casualty for many years and even in Miss Sprenger's time it was still a small casualty. I don't think there's any place in the Hospital that I haven't worked.

SP: Right. And do you teach the Nurses?

BW: No. But sometimes when I was in charge of M7 I did, I used to talk at Neuro lectures and then to the Intensive Care course. After my own course I used to lecture to the people during the Intensive Care Course for Neuro.

SP: Did they give you time off to prepare those lectures?

BW: No! They do now; they get lots of time to prepare. It was part of our learning experience to do it. I must admit I did enjoy it.

SP: There's nothing like having to give a lecture to show you where the holes are in your own knowledge.

BW: Yes, that's so true - I had to do a lecture on pain as we used to have the Pain Management set up in M7. They'd asked questions and I'd be able to tell them where they'd be able to look it up if I didn't know the answer, so before the next lecture I'd always make sure I had that knowledge. You do really get caught, but as long as you are prepared to say "Look I don't know - you should be able to find that in such and such a text book" you maintained your credibility.

SP: Teachers that fluff and try and bluff their way through and make they know everything, they lose their credibility really fast.

BW: Yes and I found that the time I worked in Intensive Care doing my Course was very enlightening – I really enjoyed it.

SP: Did you ever get sent away to Courses? Did you get sent to Conferences?

BW: We got opportunities to go to Conferences – I went to the Neuro Surgical Conference every year I was in M7, but at my own expense and when that was in W.A. You had to find the money to go to W.A. but Dr. Leigh Atkinson was very supportive of me, and he used to help me a lot and I never missed one Neuro Surgical Conference – I used to get the time off – the Hospital supplied me with time off even though if the Conference started on Friday until Monday you'd get Friday off as conference leave and Saturday and Sunday would be your days off. You'd work a late on the Monday so that you'd get back from Perth around about 8.30am and have to work a couple of hours later in the afternoon. I found the Conferences very good and I think that people

who don't avail themselves to do this are missing out. Most of the RNs do these days, because they get the time off, they get paid leave and paid conferences fees but at least for me it was tax deductible.

SP: Right – now you're within 5 years of retiring?

BW: I'm 60 so I am well and truly in "retiring mode" – I have put an application in to slow down to four days per week.

SP: Does the Hospital pay superannuation for you?

BW: It definitely does – you know way back when the superannuation first came in, Nursing Staff weren't allowed to join Super – the Matron said you couldn't join it and that was all there was to it.

SP: Why?

BW: Well there was no real reason – no legal reason – just because she said no. See you didn't do it; you did what you were told! It is appalling now when I think about it – try being here 30 years and you can imagine what my Super would be like if I'd had it all that time, but I've only been in it 10 years because 10 years ago everybody was offered it, that's why I joined. There are a couple of girls that I know that went against Matron and they've now retired and they're in easy street. I would have had well over \$200,000 in Super but that's one of those things you live with. My husband and I joined a private Super and it's never done very well and in 1988 it crashed. I've been in the public sector super for ten years and it's added up a bit since then.

SP: What about the Union? Did you join the Union?

BW: We had to join the Union but then again I think you should because they were the only ones that had a million dollars for insurance if you ever did anything. In this day and age it's very sad when people can get sued for any little thing. I've always been a Union member and I've always attended Union Meetings and I don't say I've been a real active Union member but I've always been there – I've been on the Union Committee and I attended meetings.

SP: Have there ever been any Union activity here?

BW: Oh yes, – we striked – we did it for only two hours at a time so patients didn't suffer and we picketed in front of the Hospital with placards and things like "Honk if you agree with us" with lots of answers.

SP: What were you striking for?

BW: I think it was something to do with when we were going for the two days off - from one and a half days – they didn't want us to go from 1 and half days to two days off. More recently it was to do with work hours and pay – because Queensland has always been the lowest paid nursing staff in the whole of Australia. For a short while there we were the highest for about two months I think.

SP: When was that?

BW: That was when I came back on the staff so it would have been in about 1969 - when I started back I was earning \$50 a fortnight and within four months I was earning three times that much – I went to about \$150 a fortnight and I couldn't believe it. I was working only 40 hours per fortnight because I worked 6-10.15pm. The nursing staff has always had the one union. We've always had to work eight and a half hours for an eight-hours pay.

SP: Why is that?

BW: I don't know – I think its something that's always been part of the Award and of course all the other Awards in the Hospital only work eight hours for eight hours pay even though they get half an hour for lunch but what you never had you don't miss.

SP: O.K. so let's talk about the social life. We talked about swimming and sport, what about Christmas parties and Graduations?

BW: I've always been on the Graduation Committee – so right through the whole graduation since I've been back on staff I have taken the Nursing Staff through Graduation completely whether it was here in the Hall or at the Town Hall in later years. It is a big thing and I think it's lovely for the kids and even the ones that didn't want to wear a veil, on the night they fell that that was the way to go, even though they'd say "I'm not going to wear a veil" but they did.

SP: Well nowadays that might be the only occasion they do wear a veil.

BW: Oh yes, absolutely and of course they turn around and say "Well you know you wear a mortar when you graduate from University – what's the difference – this is a veil for Nursing" - that's the way we got around the ones who were a bit belligerent. We used to have dances in the Rec. Hall and they were always well attended – once a month. We had line dances, square dances, you name it, and we used to have them.

We had a really good social life - any of the ships that were in port used to ring Matron and advise her that they were having a cocktail party on board in the Captain's Lounge and we'd go! It wasn't a horrible thing to do. These days, they'd probably think you were trying to crack on to a sailor or something – we had lots of lovely times. We used to go to the Army Barracks at Enoggera when they had their big parties, an invitation would be sent to Matron and then she would send over to the Nurses Quarters to say this party was on and we would go, and we would have such a beaut time. We were very much a little city unto ourselves I suppose when you think about it – we just did things so totally together.

SP: When you went to those parties at Enoggera or on the Ship how did you get there?

BW: We had the Ship's Captain send taxis for us and the same thing with Enoggera and they always supplied transport for us completely. They'd be American, Australian and English Ships. There was always something going on and we used to go skating at the Blue Moon skating rink at South Brisbane. This was just the normal roller skates - a lot of the nursing staff met their men at skating – I know of at least 4 of them that met their men skating. We used to go to the Boomerang Theatre, as it was within walking distance and we never saw the end of a movie because we had to be back in the quarters by a certain time.

SP: You'd think the Movie House would have been smart enough to bring it forward enough wouldn't you?

BW: They were very good because they used to flash across the screen what time it was when they knew we had to go!

SP: Oh yes – I remember being there and seeing that – about a quarter of an hour before it finished. If they'd brought it forward a quarter of an hour or the Hospital agreed to let you in that quarter of an hour later, all that nonsense could have been avoided.

BW: We used to run from the theatre to come home - movies were a great thing, which we used to do. The trams were good and we used to go to the city by tram and a lot of us used to fall asleep on the trams because they'd go do de doo along and the Conductors used to wake us before we had to get off. We never got carried on like you

would on the trains! You just got to be known that you were a nurse from Princess Alexandra Hospital – they all knew us.

SP: When you went out, if you went to the movies, did you go out in civilian clothes?

BW: Yes – we weren't allowed to go out of the Hospital grounds in Uniform at all – but in winter if you had a good overcoat it could cover up anything!

SP: Unlike school – we weren't allowed to go out in civilian clothes, we had to have our full uniform on.

BW: Even when I worked 6-11 at night, when I first came back, we had change rooms in the basement of the hospital and we had to come in and change into our uniforms.

SP: Now that's a thing we haven't talked about – in the early days uniforms were supplied for you.

BW: Yes, we would get 8 uniforms with our names on the back of the collar - my hospital name was Powell (my maiden name was Powell) and when I came back on staff they laundered them still and we put them out on a certain day – they had to go in a laundry bag (I still had mine from training) and be returned to the basement hung on a big rack in the change rooms. When I was training we had to supply a big white drawstring laundry bag with your name on it and we'd put out our dirty uniforms - it would go to the laundry and would come back on our bed all cleaned and starched.

SP: Right – that would be your underwear and things like that as well?

BW: No, just our outside uniforms and there was a laundry on most floors of the nurses quarters, where we washed our own underwear and you had one of those little hanging things outside on your verandah. They also supplied clothes hoists on the roof but you had to be careful, as they would sometimes be nicked.

SP: I notice most people now have to wash their own laundry. But I do notice outside this lift here there's a rail of white uniforms.

BW: Yes, they're the Pathologists – Lab people – they get different sort of gunk on them I think, but uniforms no matter what you got on them, they came back so brilliantly white and starched. Starch will take out any dirt once rinsed out – I still starch my tablecloths because Mum said this is what will happen and of course it does - that's exactly why I think they did it. If you got big stains we had to make sure we placed a

note on them to say there was a big stain. Blood was a stain we used to have problems with and iodine and mercurochrome. We used to get into trouble for putting biros into our pocket without a lid on but we weren't hard done by - our uniforms used to come back folded in our bags all cleaned and ironed and we would have to prize them apart because they were so stiffly starched and ironed - then the button holes - you'd have to get your fingernail and poke them through because they were starched together. We starched our own veils and you made them as stiff as you possibly could - then they'd last a couple of days. Then paper came in - we used starched veils a long time and when you look at the uniforms in the graduation photographs you can see when we went into paper because we went into paper for Graduation. I enjoyed my training, I enjoy nursing and I still enjoying it.

SP: Just before we do stop, let's talk about the advent of male nurses. Do you remember the first one?

BW: Ken Josie was the first one that I met and I thought he was very strange and very brave because he was one that of started at the Hospital - I had a lot of male nurses working up in M7 and it was while I was in M7 they came on the Ward - about 1975. I had about six male nurses working up in M7 - most of them were going to do Psych - once the Psych Unit opened they transferred -most of them do Psyche these days. I found that when the male trainees came through as student nurses, they were either very good or awful - now I know that's a generalization but with female nurses they could be mediocre and be good but there's never really a mediocre male nurse student - they were very good or they were absolutely hopeless - you could pick the ones who were the only males in a family with sisters who would do for them - or else they were an only child - you could pick them, before they even told you, after you worked with them for a short period of time. Ken Josie really sticks in my mind - the first one I'd ever met and he was one of these meticulous people and we thought he was gay, but he wasn't - he's married now and got two kids but we really thought that he must have been and he was the first trainee they took at the Mater for his midwifery. He was just a nice man but meticulous and was a very good nurse -he'd be totally in control and he would finish a shift and still not have a thing out of place with his uniform. We never knew how it happened. It took a while for the patients to get used to

them because they felt that nurses should be female and they were a bit wary of them but now they love them – I mean a lot of them. They were very much an oddity – they couldn't live in because they weren't allowed to and there were no facilities for them to live in - they had to live out and that was when they changed this ruling that females could live out. I think that's what brought the change – I mean I think that it was at around that time that you could live out and do your own thing. It changed and males could live in the nurses' quarters.

SP: Well I guess we went through that period of where it was not the done thing for men and women to live together if they weren't married and now we don't care.

BW: No, that's right and people just accepted that you had de facto relationships were just the same as married people.

SP: Or that people can live side by side and use the same bathroom without being sexually involved.

BW: That's exactly true and that was an accepted thing – in fact it was the way I was brought up - it never crossed my mind that it wasn't right to have them on board because I had brothers. My brother started nursing the same time as me and he had to go to Melbourne because they didn't have training in Brisbane in 1957 but he's now 74 now. He had to go to Melbourne to live to become a nurse and he started at exactly the same time as me and he is a lot older – he had a lot of experience before he started nursing and he finished before me because of only the three years training.

SP: Yes well he must have been very strongly motivated to go to that effort.

BW: Yes, he was, definitely. I think that was a very good thing that we were allowed to have male nursing here because why should it be just females. Females nurse male patients, so what difference does it make? It's just the other way around. A lot of things that females couldn't do – like pass a male a catheter - we weren't allowed to. We had male orderlies who we had to call to pass a male catheter but we were allowed to wash male patients. There's lots of little things that Charge Nurses of the Ward thought you had to deal with males if they were getting a bit randy when you were bathing them like the ruler trick and these you learned from the Charge Nurses and they told you that – immediately you walked in the Ward if you've got a male patient that's trying to get fresh, you'd use a ruler and just hit it!

SP: You'd only have to do it once, wouldn't you?

BW: You learned these things –Joan Garry in G4 the orthopedic ward – she was an old Charge Nurse and she was one that told me because we had lots of bikies in and she told me that's what you did. Hit it with a ruler.

SP: Or a cold spoon?

BW: Yes and of course I think it became very much more the done thing that – and female nurses now pass male catheters and males are doing everything too.

SP: O.K. well I think you could call that progress! Thank you!

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