

Interview with Lee (Lena) Hagen

July 30, 1973

Central Minnesota Historical Oral History Collection

St. Cloud State University Archives

Interviewed by Thomas Raiche

Raiche: Now you're into nursing?

Hagen: Nurse clinician.

Raiche: Nurse clinician.

Hagen: Which is a comparatively new position when you think of positions as a staff nurse and an instructor or whatever. And we have just established it in our hospital within the last year, as far as having one in a medical surgical unit. We've had one in the mental health unit and also in our rehabilitation center and hopefully we will have more as the years progress now. Our position is one where experience is quite important because we have to develop a certain amount of experience in taking care of the very ill patient, which I take care of some of them. But I'm here mostly at this time to assist the new young graduates in taking care of her expectations, and organizing her work and getting her feet on the ground. Because we do have to—we do have a number of graduates who graduated from various schools, the two year program, the three year RN, and the baccalaureate grad program. So their background is varied and so we have to help them as much as we can. When I first came to St. Cloud Hospital it was in 1941. I worked as a staff nurse on the surgical unit. And from there I became the night supervisor and the evening supervisor and I taught in the school of nursing. I taught nursing actually for three years. And then I was assistant director of nursing. I taught nursing actually for three years. And then I was

assistant director of nursing services for a number of years. I was director of Nursing Services for three years, and then assistant again. I was just filling in while someone was sent away to school to get their degree. And then the past year I have been a nurse clinician which was proven very interesting. And it's back to the bedside, the other positions as director and assistant director were more administrative and you're a little bit removed from the patient and I enjoy contact and that's what I'm doing now.

Raiche: Now I have a question. Now you're not the superior administration anymore?

Hagen: No, it's part administration. I can fill in where they need me. But I work directly with the patient and with the graduates taking care of the patients. And the LPN donates too, I help wherever I can. Giving them some pointers on their work and how to organize and setting priorities with patient care. And I suppose I can't say that I'm not in administration because they consider it an administrative position. But thinking of some of the positions where you are not directly in contact with patients, I am now mostly. All day long. And I still have committees and meetings that I have to attend as in the past. But I have primarily more in direct contact with the patient.

Raiche: Now you, you stand about four different ways that you could come up here. Like your baccalaureate degree and all—now how did you personally?

Hagen: Mine is a three year RN program. So I am a graduate of a regular three year program although I did have two years of college before I went into nursing training which we were encouraged to have back in the thirties. And of course the degree program was almost unheard of at that time. It was very rare that you had people with degrees. You usually went on to get your degree after you had your three years. That's what most of our instructors and people who ran

the school. But we still would prefer that we had more degree people on the staff of course. But up till now, experience is also a part of it. I guess as far as I'm concerned the experience is where I had my promotion through my experience.

Raiche: Okay now, you've had contact with a nursing school in St. Cloud what would you compare it to when you went out, what would you say would be the greatest differences?

Hagen: I think the fact that the hours are certainly much more feeble. When you think of our hours, we started our day at seven and we worked until one o'clock in the afternoon then we attended classes all day until four. Then we'd go back and we'd work on the wards until seven or 7:30 in the evening. And then would still be working on Saturdays and Sundays. Actually working on the units or wards of the hospital. Whereas the education process has changed they have a regular nine months now. They have their summers free, when we were there, we went all year round. They have their classroom with maybe two hours of duty three times a week which is much less actually in clinical experience. I think it just makes more sense it's a more rounded out program. You're just not spending as much time on the units. Which has its disadvantages too. But many of the girls who find they have to work to supplement their money for education do work part time also and work part time in the hospital as an LPN or a nurses aid, especially during the summer months. Because they are free during the summer months now.

Raiche: Then wouldn't you say that you got much more experience?

Hagen: Much more experience, yes.

Raiche: Well then, wouldn't that be an advantage then?

Hagen: It is an advantage, yes. But one of the things that came up, they had to make it a little more attractive to the young person, there were other professions that they could go into.

Raiche: That was the next question. Did the reason that they shortened the hours down to such an extreme is because there were so many? I was thinking that there were so many students that they would break down the time that they would have to spend, you know, working with the students so that they could bring more students through.

Hagen: Well, I think that we certainly increased the number of students there's no doubt about that. But of course the need for more nurses was there too. But I think what they were trying to do was arrive at the educational hours that they would compare with other educational programs. And I think that they introduce probably more courses for the nurses too. They probably have an English course and literature or something. We didn't have that, ours were strictly nursing courses. And I think there's an advantage to this too.

Raiche: So they did have it more rounded out, by bringing in English and everything trying to make it more--

Hagen: Yes. There was a minimal amount of it. But still there was a little bit of variety more than what we had. And of course now in your schools you do have regular instructors, and in our day of education the doctors played a big part in being the instructor to us. And I think having our own instructors is an advantage to that too, because you're talking on a different level than what your medical men are. And I think it's more interesting to have our own instructors. And of course, depending on the doctors, too. Some are geared for it and some talk above you most of the time. And of course the hours that I have mentioned are certainly better. Of course the two had to begin earlier in the evening. Every night we had to be in by 9:30. Once a week we got to

stay out till eleven. And there wasn't any such thing as weekends off. You maybe had a Sunday off occasionally. But you never had a weekend off. Six and a half days a week.

Raiche: Then you might work an eight hour shift, maybe more?

Hagen: Yes, you maybe even have a Sunday off or a half a Sunday once a month to six weeks. So you were really geared to work.

Raiche: Now like your classes, now they were just the regular five days and those could run--

Hagen: Yes. Those were just the regular five days, we didn't have classes on Saturdays.

Raiche: Like your evening classes?

Hagen: They usually ran five days.

Raiche: No, I mean usually the time?

Hagen: We started about 7:15 and ran until around 8:30.

Raiche: So actually your nine thirty at night that was like, leave the classroom and maybe--

Hagen: And go for a walk or something.

Raiche: And that was it.

Hagen: Lights were supposed to be out by ten anyway.

Raiche: Well, I don't know, I really don't think I'd go for sixteen hours a day or anything, but didn't you find the equality, you know like your three year program was thirty-six months and now it's like twenty-seven and it's not near as much daily work, so wouldn't somebody who

went through the program as you did would be far more qualified or is it just that there is such an improvement in the education itself?

Hagen: I feel there's such an improvement in the education itself. And common sense would tell anybody. Really, once you've learned to make a bed, you can make a bed. Where as in our day we were doing it over and over and over. We don't feel that it's quite that important. There was so much time spent in repetition I think of doing certain features. Whereas we don't do that now with audio visual aids, and all. They see it, they do it, and then get into the actual clinical practice which is about an hour and a half to two hours every day as I said. So probably they haven't perfected each procedure as much as we did. Still they do know how to do it and whether that bed is made to the degree that we did it or whether it's done the way it's done now doesn't really affect the people. And that's the important thing, as long as the patient still gets care. And as long as they recognize the symptoms and make good observations of the patient. This is really what's important. And I think more and more are realizing that. There have been a lot of things in the teaching of it--that I feel anyways.

Raiche: Now see, don't you feel that they placed an emphasis then on your experience with the patient?

Hagen: I feel they did but I feel they spent so much time learning the procedures. So much of that was over and over and over. We were probably sent into the wards and maybe for six weeks all we could do was make beds or give baths.

Raiche: Would you deal with the patients other than that?

Hagen: Well, no. It was still limited. Whereas now you get into it much sooner. And you can do much more for that patient in six weeks than we could ever do in six weeks I think. I really feel

that we were probably thrown into things quickly too. But our background wasn't quite as through. I feel if I had a choice, there's always the middle of the road of course, but I think I wouldn't want to go back to our way of doing it. Although I think we certainly turned out good nurses. But that's the way it was done in that era. And of course I think the hours that the girls have now really it's a more sensible set up because when they're through with classes they have some free time. They have certainly obligations and they certainly have assignments that take quite a bit of their time. But they do have more free time and some even live at home which was unheard of in my day of training. And they are just, well, they're just treated as college students should be. Where we were so overly protected. And once you were on your own, you were on your own very fast.

Raiche: Kind of a shock?

Hagen: Yes.

Raiche: Now there was one other thing on schooling, you said they could work part time now, the students, did you get any more money at all like you said you put in all those extra hours working?

Hagen: The year that I decided to go into Nurses Training--which was 1933--was the first year the stike bandage was taken away, which they call it, you would receive five dollars a month when you were a freshman, seven dollars a month when you were a junior student and probably ten dollars a month when you were a senior student. And this worked as your spending money that the hospital paid you and that was it, for the hours that you put in.

Raiche: So when you broke it down you were making about a penny an hour or so.

Hagen: About that. It was very little. But you see, the cost of going into training was nothing for us. All we had to do was furnish our own uniforms otherwise everything was furnished. And the idea was we worked in turn to pay for our own education, where now the girls I'm not sure just what the money is for each year. But I know it's well over a thousand dollars. So that it's more costly now. But they're actually paying for their education right now but before we weren't, they paid for ours.

Raiche: Now you started working in this hospital in '41?

Hagen: 1941, yes.

Raiche: Now what would you say, it's going to be kind of a broad hazy type, but may be the biggest change you've seen in the hospital?

Hagen: Well, if you're thinking of it in terms of nursing or of employing nurses, we were employed twelve hours a day. We worked split-shift. We had one day off a week whereas now we worked eight hours a day and five days a week and we do rotate shifts as far as staff nurses go. But our policy I think is set up a little different than they were. Try not to load them down with too many changes in rotation. If they work days during the week you may as well work relief but you won't work nights. We try to limit them to only two rotations instead of three. In fact we like to do that for the whole month if we can. We make out schedules four weeks at a time. But sometimes with vacations now in the summer it's a little difficult to do it that way. And of course another big change is in supplies. Many of them are disposable now. Everything is so much handier now. And everything is so much easier. Your syringes, your needles all that's very stressing in size we used to stretch gauze by the hour if we had elongated our patient count, and now we don't do any of that anymore. We have all disposable dressings where we used to make

our own. And just in general I think everything is more convenient. A number of patients too. Our count has doubled since 1941. And the hospital was 155 beds at that time and now they have five hundred--it's more than double beds. Well, when it's completed it will be five hundred.

Raiche: Now you said today, twelve hour shift a day, now was it because there was a shortage of nurses at that time or--?

Hagen: I don't think it was a shortage, I think this was just the way the nursing program was set up. Once you graduated you knew that you were going to be working twelve hours a day, you came to work at seven you worked till seven in the evening. And the night people came in and worked from seven up. And then when all the different laws and states were changed where you got eight hours. Then it was divided into eight hours. You worked daily for a while then you worked the night shift for a while. And of course that's a big improvement too.

Raiche: Yes, I can't think of working twelve hours a day in one shift.

Hagen: You always came in at seven as a graduate student and worked until seven in the evening. You had your hour at noon and that was it. You couldn't have a coffee break. You were just there till seven in the evening.

Raiche: That's weird. Did they use a lot of like--a lot of oh, I don't know what you'd call it--the medical work. Did that go like to students? I mean did each--?

Hagen: Yes. You cleaned your rooms, especially on weekends. Although when I went into training, we did have housekeeping people. But if there was anything, if you had patients who had infectious disease or a lot of drainage from a dressing or something then when it came time to clean the room up the nurses would scrub down the walls and the wallpaper and the windows

and everything. Fortunately I entered at a good time because they had decided then that they would put that in the hands of housekeeping. I had only about three months of washing down walls. So I was fortunate. There were some of the girls who were trained two years ahead of me who did all this. Of course now we have our own housekeeping department, we don't have to worry about it.

Raiche: So you filled up you twelve hours doing what now would now be two or three people?

Hagen: Yes, you certainly had a varied responsibility. There is no doubt about that. Because you had to do, you always did the dusting in your rooms, you maybe didn't wipe up the floors but you would dust up the furniture and the general orderliness of your room that was your responsibility to the patient.

Raiche: So now the nursing's just strictly for the patients?

Hagen: Yes.

Raiche: You just take care of the patient. Oh yes, now you said there were 120--?

Hagen: 155.

Raiche: 155 okay. Would you say that the area, I mean how big of an area does St. Cloud hospital take in, like I don't even know. What would be the nearest hospital taking care of someone?

Hagen: I think we're probably extending out a little further now because of our specialties, we have more doctors who are specialized so we're maybe reaching out a little bit further but otherwise I think the same hospitals that are in existence in the outlying districts now were in existence at that time too. There's maybe one, like Albany has a new hospital but there was one

in Sauk Centre, one in Melrose, one in Litchfield, all of these various places there were these small hospitals. So I think that we're responsible for about the same number except of course it's like with everything else this place has grown, just like St. Cloud has, our area here.

Raiche: Now you talked about specialized, what areas has St. Cloud gone into specialization, more than they were when--

Hagen: Well, we have more internists and they certainly draw from all around the community and cover larger areas than we did before. And our urological men, the men who take care of kidney and bladder problems, we certainly have surgeons who specialize, like our chest surgeons, and more complicated abdominal surgery, we're doing more bypasses. There's more reconstruction being done in the body. And we were talking about that at lunch today. You know even three years ago we wouldn't have the same kind of surgery schedule that we do now. It's much more complicated and I'm sure we're going to draw more specialists and I don't think the date is too far off that we're going to be doing some other types of surgery here, that we aren't now. Much more neurological and of course our orthopedic men that we have here are excellent and we have to get accident transfer in from one hundred--one hundred twenty-five miles or further, many, many times. So it reaches out in those areas too.

Raiche: Well now, is it the personnel that has improved so much, you know talking about your being able to attract a lot of the skills right now is that the major improvement as far as the growth or would it be equipment?

Hagen: I think it's both because if you specialized men you have to prove your equipment. You just have to prove your equipment. You just have to. And of course like any hospital you have to use so much of your money for improvement and getting new equipment every year. You just

have to do that to keep updated. And I do think we do this in this hospital. Much of our equipment is very advanced to what you see in some other areas I've noticed. That and I've gone on tours to other distant hospitals.

Raiche: Now there's one thing that I've really noticed. You've lived in St. Cloud for about fifteen to sixteen years and the hospital you know, just looking at it from the outside it's growing enormously. What is that they're doing? I mean what is that they've added on, gone into that they didn't--?

Hagen: They've increased the surgical suits, so we have many more surgical rooms in operation. Our laboratory is five times the size it was five years ago. And our x-ray department takes a real large amount of first floor. And we have increased, well, our central service department for instance. It used to be a couple little rooms up on sixth floor, now it's part of the basement floor and every department has increased as far as its base, and besides our emergency room which before was one little room, and now it takes the good part of one wing. And of course we have our coronary care unit and our intensive care unit that takes up both sides. I'm not saying what they are going to have to be enlarged as time goes on. But all of this is an addition of what we had in 1941 and up to just about ten years ago when we did start our intensive care and our coronary care five to six years ago. So all of this has been an improvement. Even our lobby, we used to have on small lobby where visitors and everybody had to congregate in just one area. Where now we have an admitting lobby a central lobby, and a lobby for all the visitors that have very ill patients or patients going to surgery can congregate. And of course I've noticed our dietary has improved, and enlarged. And our medical records used to have one small room, and now they have a part of a wing. So it's all just everything has enlarged our personnel offices, our waging benefits all of this is taking in two or three rooms where maybe they were existing in one

before. And it makes a difference. And all your administration offices too. As the saying goes you've got to place these people that are running the departments too. So there's many offices in operation.

Raiche: Now what was I--are there any, oh, I don't know what you'd call them, treatment or facilities that you have that you didn't have at all. In this latest extension have you had anything that is completely new? I mean like you said you took something that was one room and now you have a wing. Is there anything that you've gone into that is completely new?

Hagen: Well, way back in '41 and up to ten years ago we did not have an intensive care, we did have a coronary care unit. Before that our very, very ill patients were taken care of by private duty nurses. Well, they are practically extinct now. So we had to have something to take care of these very ill patients. We had them probably on five to six different units. And we didn't have enough private duty nurses to take care of them. So this way with our intensive care and coronary care you've got them in one area, and there you concentrate on more professional people per patient than you do on your general ward. This has certainly been one of the areas that is the newest. I think that this is something that any hospital has found that they have to have in this area now because the private nurses are no longer in this area.

Raiche: Didn't a lot of things go down to the U? I mean like did you have some?

Hagen: We did transfer some down. Most of them there is a neurological problem that is where there is a very severe head injury and that type of thing because we did not give that type of surgery here. Very rarely is it done here. There might be an emergency treatment given and then the patient is rushed down to the university.

Raiche: That is just something I was wondering myself.

Hagen: We do not have interns here in this hospital as of now. But this new program that's starting here this fall, we probably will have. Because we are the Central Minnesota Medical Center and we have a responsibility to the entire community but I know that some of these men will be coming out and doing their internship from the university.

Raiche: Now rather than having they would just have to get in?

Hagen: Yes. They'll just have to get in, probably work in the emergency room, they will be assigned to certain doctors who will just have to work with them as I understand.

Raiche: So they'll just kind of sort of observe and participate sort of a deal?

Hagen: I feel it will be more participation than observation. There will be a combination, of course. But they are going to be participating pretty much, I think. If they are going to help in the operating room, they are going to have to participate then. Well, they will have to participate if they're going to be working with the surgeons there.

Raiche: So, they would never have a large number of them because of--

Hagen: I don't know just what they've planned. I really don't know the number, that's because it hasn't been decided upon yet. They just said one of these days we are really going to be flooded. Well, two or three would be a flood for us and we haven't had interns up to this time. So it will be a big change.

Raiche: Now are there any plans for, you know like, your amphitheater at present?

Hagen: No, I don't believe there is any time when it wasn't done. It wasn't renovating when it was done. This is the one thing, when you project you think you've thought of everything, but

there are times you mess up on a few things. This is what might happen in a few years. I'm not saying that it will never happen. There is just a place in it now.

Raiche: Now, you said you are responsible for central Minnesota--

Hagen: Medical care.

Raiche: Medically, well now, is there plans for a larger internship in the future? Now, you said three would be a flood. Are there any plans in the future for increasing you like--

Hagen: Well, as far as I know the men are coming out of the university. I presume there will be more right along. If they planted them here for us to give them some experience. But the number I do not know. It'll be a big adjustment for all of us, too. I can assure you when we haven't worked with them for a long, long time. My working with them been very minimal. In that respect, I think our nurses get a different type of training. Because you are doing the things that most of your interns start out doing, and the nurses have to do what many of the interns will be doing.

Raiche: Right in training at once, they are in--

Hagen: Well, from when they are in training to when they get to be senior residents, or whatever. Like, we do most of the IV therapy here. We put down the nasal gastric tubes, whereas if you take any of your hospitals in the Twin Cities, it is very rare that a nurse that has come out of there has even done this. We have to teach them to do this, once they get here.

Raiche: So, as far as an all-around experience, it would be better than going through as a nurse underneath an intern.

Hagen: We feel it is.