Transcription of Interview with Eric Spangler, nurse at Grace Hospital, Morganton

ND: What year were you born?

ES: In seventy-six.

ND: Ok. Where were you born and where did you grow up?

ES: Well, I was born in Atlanta, but I actually grew up in Statesville, NC.

ND: Do you have any brothers or sisters?

ES: I have a brother in New York and a sister in Columbia.

ND: Are you the oldest or the youngest or in the middle?

ES: No, I'm the baby.

ND: When did you start nursing?

ES: I graduated in 2005. With the prerequisites and everything I'd say I started in 2002 or 2003.

ND: What made you decide to go to nursing school?

ES: I was working in EMS as an EMT and I kind of hit the point where they were providing to go to paramedic school. So I kind of tried to look a little bit into the future and see where I wanted to be. So I kind of weighed nursing compared to paramedics and it seemed like the kind of thing I wanted to do. Those are the two general steps that people take from EMT, so I looked at the schedule and the work atmosphere and level of care and I decided to go into nursing.

ND: What did your friends and family think of your decision?

ES: Well, I'm the first nurse or medical in the family. They're mostly, well my brother's an artist and my sister is a school teacher. My dad was in business and my mom was business as well.

ND: So when you were a child, did you have any nurses as relatives?

ES: No, no, not a bit.

ND: Do you have any memories of nurses from your childhood?

ES: Not really, just to be honest with you.

ND: Where did you go to nursing school?

ES: Western Piedmont, right here in Morganton.

ND: What made you choose that school?

ES: It had a good reputation and also it's closer to my wife's family. I was working in Columbia as an EMT and I did all my prereq's, you know night and weekends and stuff like that, trying to get ready for nursing school. And then when I was getting ready for full-time, we decided to move to the area just to be closer to her family support system. Which I know it's not that far, but we actually lived in Pineolla for six months just to convert and get our lives started and it worked really well.

ND: So you got married before you became a nursing school.

ES: Oh yeah, I was married before I was in EMS as well.

ND: Can you tell me how the curriculum was set up at your nursing school?

ES: What are looking for?

ND: How the classes were set up and being in the hospital.

ES: Oh, clinical and all that? Alright. It actually was set up really well. Like I said I had my prereq's out of the way so I could focus more on the core nursing classes and the way it was set was Monday, Wednesday, Friday were classes and Tuesday, Thursday were clinicals. And they did actually a really good job of having us do book work and then actually applying it in the field, in the clinical. So at that point the program flowed really well.

ND: Can you tell what the classes were like? How many other male nurses were there?

ES: There were seven male nurses and we graduated three, I believe. Our class was pretty heavy to begin with, there were 80 or 90 I believe and if I remember right only 30 or 40 people passed.

But, you know, the concept there was, and that is what I had weighed, people had to work full-time. And a lot came up. People being married, or having a baby and being out for so long that they couldn't make up work. But yeah it just kind of weaned down and the guys stuck together. I still talk to the guys I was in class with.

ND: So you guys bonded?

ES: Yeah, yeah. We actually all worked together in the same department when we graduated. They went on days and I went on nights.

ND: So you get to choose where you work after graduation?

ES: Well, you can, but I had that background in EMS and I worked in the ER part time when I was in nursing school. So I kind of, I did that specifically to develop contacts. The director that was over there, with Ruth (other interviewee) and he transferred right when I graduated. And in EMS I always thought I'd go right to ER and he said, "Look, if you'll come by ICU I'll take care of you." And he did. Because he knew it was going to be a big step in trying to convert straight into ICU. But the group that was there was such a foundational, they had such a good foundation that I wasn't a problem.

ND: Did you enjoy most of your training?

ES: I loved it.

ND: Lots of nurses say that it's really tough.

ES: Nah, I had a good, you mean like in the clinical?

ND: Yeah,

ES: Nah, I had a good time. Like I said the whole EMS background just really…I fall back to that a lot, it just really helped. Just being able to go into the room and talk to people. You're starting an IV and compare that to showing up in an intersection and people are freaking out. I

mean it's just not...For me it's really a benefit. I like to talk, which you probably tell. I walk right in and the cool thing is people are always freaked out. They don't see this stuff everyday like I did, and you just have to go in there and be light hearted and at the same time do what you're supposed to do and take care of them, it goes a long way. They appreciate it.

ND: When you started nursing school did you expect it to be a life-long career, or a short term thing?

ES: I think this is going to be lifelong. I never had those aspirations to be the doctor or top dog. I like sleeping at night, those guys are stressed out.

ND: When you were a kid, did you feel like your parents brought you up differently then your sister?

ES: Yeah...yeah.

ND: How so?

ES: Well, my brother and sister were, she's seven years older then me and he's five years older then me, so there's a five year gap, and I think they wore them out. I mean my parents were fine, but the whole baby concept, the baby gets the way. My sister is very strong willed, I mean, she's successful today, but my brother and sister gave them a run for their money. So when I came, I think that they were kind of like, "Alright, let's just scale back a little bit."

ND: So it was based on how old they were instead of whether they were a boy or a girl?

ES: I think so, yeah.

ND: Where was your first job as a nurse?

ES: In ICU at Grace.

ND: Why did you choose that again?

ES: Just based on, what I was talking about before, the ER director moving over there. And I really, I didn't talk about that a lot, but I really respected him and I kind of looked toward him, because he was a nurse, his foundation was a nurse, but at this point he was a director and he was pretty young. But I looked at him and though, "He's really got his act together." And he does, he still works here, but he's still relatively young and he recommended that I take that step so I thought I'd listen to him.

ND: Earlier you were talking about how you bonded with the other male nurses; can you tell me about your relationship with other nurses now?

ES: In the ICU it actually worked out really well. Ruth, you know, there a few others, Gene and Kim, I mean these were nurses who, I came in and realized they, don't they say when you start nursing then in five years you'll be were you're supposed to be in nursing, where you hit that experience level. And going in, I could tell that they knew what was going on and I really relied heavily on them and they didn't mind. I kind of pulled them aside and said, "Hey this is different for me in EMS and I'm straight out of school." They didn't mind and of course there's a pretty separate program and my supervisor was phenomenal. She didn't kind of stand there with a pencil and a check list. She made sure we went through everything and even coming out and even today the group and crew that I work with has the same concept. We kind of bounce ideas of each other, if there's an order you don't quite understand, there three or four people there that you can run it through before you actually hit the patient. So you've got the physician and multiple nurses, and the patient. But that crew was just solid.

ND: It seems like a very tight-knit group.

ES: Oh yeah.

ND: What about your relationship with the doctors?

ES: I never had any problem. I had gone through a fire academy down in Atlanta and the whole thing was, "Sir, yes sir." I mean they were very specific chain of command. I mean you recognize that there are people above you in the level. But with the doctors, they just roll over. I usually address them as, "Sir" and I don't try to use their first name. Their not here to be your friend, I mean I'm always friendly with them, but at the same time that they are the top of the chain and I'm pretty much a support.

ND: Did you ever feel a preference with the doctors to work with a male nurse versus a female nurse?

ES: Oh, the doctors in general, there have been a few that I don't think have been so happy that I'm a male nurse. And these were male physicians. I mean, yeah, yeah. You just got to laugh about it, it's not a problem. There's times where, I'll give you a situation. There was one point where I kept reporting to a doctor that there was drainage coming from a certain tube from the patient and it wasn't a problem except that I didn't understand what the drainage was. So he explained it to one of the female nurses and he was always nicer to the female nurses then he was to me. And I had to ask the female nurse what the drainage was and she told me it was the sealant they had used during the surgery and that's got to drain. When I had originally told the doctor about it he just said, "Ok." And didn't take the time to explain it to me. Working with him still, he's just kind of that way.

ND: Do you think they're just more comfortable working with the female nurses?

ES: I don't know, he's an interesting cat, so I don't know.

ND: Do you think it's just that specific doctor?

ES: Yeah, yeah, all in all, I haven't had any problems.

ND: What about some of the female nurses? Did you ever feel like they have a preference to work with male nurses or just only other female nurses?

ES: I generally haven't had any problems, though, I'm not the quickest person out there to pick up on signs and stuff, but I haven't a problem. I've never felt discriminated against. As a matter of fact, in the ICU and ER, I think they kind of prefer it. Because you've got the one on one's and the suicide risk and the people who come in just amped out and I think they kind of like having a guy there just to help them out.

ND: Do you think other male nurses have experienced gender discrimination?

ES: I haven't seen any. Not that I know of. It very well may be there. If it is, it's subtle. The guys that I talk to, I've never heard them say, "It's just because I'm a guy."

ND: Do you think there is a male nurse stereotype?

ES: What exactly are you asking?

ND: When people hear "male nurse", what do you think is the first thing that pops into their head?

ES: Generally that you're gay. So that's really, yeah, I've heard that in the past.

ND: But you've never experienced that?

ES: No, not me. Well, I guess everybody that knows me, knows that I'm married and have kids. But yeah, you hear that. When I graduated my brother sent me a male nurse action figure. He was only kidding around though. I thought it was solid, that was my graduation present. But no.

ND: So you've worked here and it was your first job and where did you move next?

ES: Well I started in ICU and this actually is a separate company in the hospital. It's contracted out; you have to have so much critical care experience before you're allowed to cross over. And it's not by any means that I was planning on working here in the CATH lab, it was just right as I

had enough experience a job opened up and somebody mentioned it to me and I pursued it and I've been here three years.

ND: Do you like this better then ICU?

ES: Oh yeah, this is just home. I really hope that through out my career I can, in some form or fashion, work in a CATH lab. It's just phenomenal.

ND: Is there less stress, or what do you like about it?

ES: I think it's less stress for me, just because I enjoy, like in nursing school, the cardiac portion, I really honed in and enjoyed that. In the CATH lab my responsibilities just fit what I like to do. I've always worked with computers and known about them and stuff so I do all the computer aspects down here in the CATH lab. I'm kind of like the administrator from the computer side. So for me it's not as stressful because I feel like, I enjoy it and it's not a problem, but if you do experience problems with a patient it's kind of like that ACLS concept, it's immediate and you have to react and that goes back to the whole EMS background. It wasn't a problem. I can see where other folks that I know and work with would absolutely not enjoy it what so ever. This lab is a little bit different, we do prep and recovery on our own. We don't send them out anywhere so we do all that. So if kind of gives me that, I still get to go in and work with the families and provide patient care and generally they're happy that they staff accordingly down here so that we can actually take care of our patients compared to the documenting lab. So for me, it's a great fit, I feel like it's a great fit. My boss doesn't seem to have any problems with my work or work ethic so far it's worked out really well, I love it.

ND: I know you've only worked for a few years, but has nursing changed at all since you've begun?

ES: Not so much nursing, just the documentation aspect. That's really changed. When I came in there was like an 8 page fold out and it's completely gone over to 100% computer charting. But nursing in general, I don't know that I can really, the nurses on the floor might be able to answer that, because it gets so specialized down here that we do the one thing and one thing only. So they come in and our prep and recovery tends to be different with each patient, but similar day to day. But we're more of a narrow spectrum of nursing compared to the broad spectrum of nursing. So, for me it hasn't except for the documentation aspect.

ND: Do you think nursing, as an outsider, has changed for female nurses?

ES: I don't know that I'm able to answer that. I don't think I have enough background.

ND: OK.

ES: I'm sure it has and somebody would be able to give you a good answer.

ND: Do you ever deal with new graduates coming in?

ES: Oh yeah, they rotate down new students and everything.

ND: How well trained do you think they are?

ES: I think they're doing fine. The ones we've had down here were pretty proactive about wanting to be in the procedure room. I can remember rotating down here and we weren't allowed to come back. I don't know if it was the doctor, the doctor pretty much set the standard for the day in the lab as to how things are going to go. So different doctors have different concepts has to how things are going to go. But the ones that have been down here have been proactive about wanting to see what's been going on. That's a lot to take in in one day. And I've been impressed, there's been a lot of questions that I didn't have when I was down here. We've stayed and done a lot of prep and recovery.

ND: Have there been a lot of new male nurses?

ES: Yeah.

ND: Do they ever show any feelings that they're not included or stereotyped?

ES: No, the one guy I'm thinking of specifically is huge. He's like 6'4. I don't think people say to much to him. He's a very nice guy, but I don't think that too many people approach him with comments like that.

ND: Well that pretty much wraps up my questions unless you can think of anything else?

ES: No, I mean unless you need any other information? So you said basically that you're looking at the discrimination aspect? So all in all, me personally, I don't see it if it's there. Just to kind of sum it up. If anything, a lot of the patients say that the male nurses are just so much nicer. And I always kid around and say, "No, it's just that I'm a nice guy so if you want that you just have to come back here." But no I haven't seen any of that; hopefully it's not out there.

ND: Do the patients ever request a female nurse?

ES: What we did in the ER, and I really like this, is say for example if you came in, I don't think it's really appropriate for me to come in and be doing any invasive procedures with you. So what we do is if it's a young male, I'll rotate in, they'll say, "Eric, why don't you come in and do this cath," maybe and if it's a female it's vice versa. And if it's absolutely you have to be in and we did this in the ER, you take somebody in there is what it comes down to. It can be "he said, she said." And the best practice is just don't put yourself in that situation. You don't have to be in that situation, and there were times where, out in the ambulance, there were two guys and it was a young female in a car wreck and you had to cut clothes off and do things, but that's part of a life and death situation. And you've got other people, helicopter crews and stuff, with you. But we just do that rotation concept and it works well. It really does. And I think they appreciate it. And I've got no problem, I usually ask, if I kind of perceive that there's a hesitation at all, I've

got no problem asking if they'd like a female nurse to come in. Because we have to shave groins in order to do some procedures, and some of them say yes and that's no problem. They're always like, "I'm sorry." And I say, "Hey, it's no problem. If it was me, I'd be doing the same thing." I'd be requesting the same thing. And personally, I think that's the best practice. It's just respectful.

ND: Well, I guess that's it. Thanks so much.

ES: Yeah, no problem.