

# Dianne McLawhoen, RN, PHN, oral history 2010

Interview with Dianne McLawhoen(8:40-15:46)

JT: My name is Juliette Tinney. I'm a UNCW student nurse. We're in Wilmington, NC on October 28th, 2010. This is a nursing interview for the Public Health Association Conference.

Good afternoon.

DM: Good afternoon.

JT: and what is your name?

DM: Dianne McLawhoen (as written on tape label).

JT: And when were you born?

DM: 1957

JT: And where did you grow up?

DM: I grew up in rural North Carolina in Hertford County.

JT: So why did you decide to become a nurse and what most attracted you to nursing?

DM: I cannot remember ever wanting to be anything but a nurse. There may have been a fleeting moment when I considered social work, and my father about passed out when I mentioned that. So it's pretty much always been nursing.

JT: And where and when did you go to nursing school?

DM: I went to nursing school in '76 and I went to Gardner Webb, which is now Gardner Webb University in Boiling Springs, NC.

JT: And tell me about your nursing education, especially as it relates to community and public health.

DM: I'm an Associate degree nurse so I started out working in the hospital for about three years. And then when I started my family is when I made the transition to public health nursing and have been in that pretty much ever since.

JT: And why did you decide to become a public health nurse?

DM: At the time I made the switch, as I said started having children. That allowed me to move away from shift work at the hospital. And after being in it for a year, it takes about a year to get re-acclimated it's very different from hospital nursing, I absolutely loved it. I'd always been very interested in the teaching aspects of nursing, and public health really allows you to utilize those skills and to build those close bonds with patients.

JT: So tell me about your first job in public health.

DM: My first job in public health nursing was actually in north Hampton County. I was the supervisor of adult health services, which included multiple programs. We did pap smears for

females that had no other means of paying for them. Most of them were without any kind of insurance at all. We had a diabetes program where we did diabetes self-management called the “diabetics how to better take care of themselves hypertension program”. And I was there for about three-and-a-half years.

JT: So what is your current position?

DM: Currently I am the director of nursing at Hertford County Public Health Authority and also right now co-interim health director there.

JT: Tell me your most memorable story about public health nursing.

DM: There are many and they run the gamut. But I think the one that has topped them all had to do with STD services. Anybody who’s really worked in public health nursing knows that the facilities that the facilities we work in can range from “very nice” to “you’re making do”. And in this particular instance we were making do, and by that I mean things don’t always work exactly right. We had rooms where the light switch was in a room next-door to the room you were in, things of that nature. So there was always an element of surprise, or could be. And this particular day I was performing an exam on a male patient and had got down to the actual exam part, and all of a sudden the lights go out in the room. And there I am, I had just examined his testicles and they were pretty much still in my hand and the lights go out. You don’t know where to move, and so you’re just kind of frozen right there. And the only thing I could do, the only thing I could manage to say was “don’t move”. (Laughs). And so you hear some giggles out in the hallway and people are “why’d the lights go out” and this sort of thing. Finally I decide to move and I find the door and try the doorknob but the whole doorknob turns in the door and so you can’t get out of the room. And by that time both I and the patient are dissolved in laughter. So that was very memorable.

JT: (laughing) Sounds like it. That was a great story. If you had to do it again, would you be a community nurse?

DM: absolutely.

JT: And why?

DM: I just can’t imagine myself doing anything else. Your nursing skills that you use in community health nursing are very different, but for me I think it’s the relationship that you can actually have with your clients. In the hospital I love the bedside nursing and it seems like over the years we moved further and further away from that, it became a paper issue. Community health nursing is very much about the patient and it just gives you that hands-on type of approach where you actually get to know the person and they’re not just a disease.

JT: So if there’s anything else you’d like to share with nurses in the future who are interested in

community health nursing in 2010, is there anything?

DM: It's very different and it runs the gamut. There are so many different areas that you can specialize in in community health nursing. There's a lot of autonomy, a lot of independence in public health nursing. It's very different from hospital nursing. If a patient doesn't eat you put a tube down them. A patient doesn't have a bowel movement there are things you can do their. You can give medicines for this, treatments for that. When you're a community health nurse you are pretty much working with what the patient has, the resources that the patient has and you plan your care around that. There are not always easy answers or easy solutions, and much of it goes back to trying to change behaviors. And that's very difficult because they are deeply rooted. And as I said there's a tremendous lack of resources sometimes, so you have to be very creative in how you go about helping their lives.

JT: That's great thank you so much.

DM: You're welcome.