

Interview Date: November 17, 2010

Interview Time: 10:00 am

Interviewer: Erin M. Hartley

Respondent: Kelly R. Poovey

~ Part I ~

Interviewer: Ok so, just a few basic questions to start off. What year were you born?

Respondent: 1967.

I: Ok. Were you born in North Carolina?

R: No.

I: Where were you born?

R: I was born at (Wallace Army Hospital) in Fort Dix, New Jersey.

I: Jersey? How did you end up there?

R: My dad was... Vietnam. My dad was drafted in the army and my mother went up there during the last part of her term to deliver me up there. We lived up there about 8 months, 7 or 8 months, until he was discharged in the summer of '68 and I've been in North Carolina ever since, as you can probably tell by my accent.

I: So, most of your life. Where are your parents from originally?

R: Catawba County. Around the Maiden area. Both of them.

I: Do you have any siblings?

R: I have two brothers.

I: Are they older or younger?

R: They are both younger.

I: Like...substantially younger?

R: No, uh, they're like...I'm 42. My middle brother is 41 and my youngest brother, I think, will turn 40 in April.

I: What did your mom do for a living when you were growing up?

R: She had a number of jobs, but originally she went to college to be a teacher. She was a teacher for 14 years and then, uh, she worked at a bank for a long time. She was a manager of a bank and then did odd jobs basically after that and retired about ten years ago.

I: So, your father was in the military? For a while?

R: Well he was just drafted and just did his two year draft and then he worked... a large majority of his life, he was a truck driver for UPS. He retired as well, probably about 8 or 9 years ago.

I: What kind of schooling did you have as a child? Standard...public school or private school?

R: I had one or two years of private school. I went to a religious, Christian elementary school for one year and I went to a church kindergarten. And then just basic high school. I graduated from Maiden High School in (1986).

I: Just some stuff about childhood, generally. When you guys were growing up, did you guys have chores? Did your parents assign different things for you to do?

R: I worked very hard as a child. We had goats for a large...or not a large part of my childhood, but several years and I had to milk those twice a day by hand.

I: That's awesome.

R: We had chickens and I fed the chickens. We...we killed hogs. I was raised on, sort of a mini farm, basically. We had cows most of our life and I helped with those. Picked peas by hand and did a lot of farm work. Cut wood firewood. Worked very hard as a child.

I: Wow. Did all your brother...did you all have to work a lot?

R: Yep. They did as well.

I: Did you...when people would get sick in your family, like your brothers or anything, did you have to help take care of them at all? Did your mom...

R: Yeah my mom did most of that. It really wasn't something that...

I: Did you guys often go to the doctor or did she, kind of, use more home remedies?

R: We weren't sick a lot, really. We had our tonsils, me and my oldest brother, my middle brother had our tonsils taken out. I can remember, it was in first grade, so he probably would have been in kindergarten. You know, other than a few viruses or something like that. My middle brother, I think, had a pretty bad ear infection at one time and had to have something done about that, but by and large we were pretty healthy children.

I: It's all the work you did!

R: I suppose, yeah.

I: So, obviously you didn't spend much time at the doctor.

R: Not a lot.

I: Do you remember any particular experiences, traumatizing doctor experiences?

R: Uhh...personally? Yes, I do!

I: Will you tell me about it?

R: Yes. I remember when I had my tonsils taken out. They had me in the operating room and they were getting ready to put me to sleep. I remember that they put the mask over me, over my face for me to breath, whatever gas it was they were giving me. And I remember holding my breath for as long as I could, with that mask on me. And then when I couldn't hold my breath anymore, I tried to fight them to take that mask off because I didn't want to breathe it. They "Oh no, no, no" you know? Held me down and said "just go ahead, take a breath. It'll be ok. It's not going to hurt you." And that's the last thing I remember. Looking up at them. And I just remember just being horrified that I was going to...I didn't know what was going to happen to me. They were saying breathe and there was no way I was going to breathe that. Not without a fight.

I: So was it nurses that were working with you or...?

R: I remember one man. I don't remember anybody else around me. I don't know whether he was a nurse or...he was probably a nurse anesthetist.

I: Did you often come into contact with nurses even on standard doctor visits? Check-ups?

R: [Shakes head].

I: No? Just...straight to the doctor?

R: Well, I don't really remember. I didn't pay uh...well I suppose, you know, the person that would take me in, take my temperature and all that. Yeah. Yeah, I guess I did. In retrospect yeah.

I: Were they usually females, probably?

R: Yes, always.

I: Did you ever really come into contact with any male nurses?

R: No. Not before...I cannot remember a single one when I was growing up or in my youth, 20s or whatever. I have no recollection of any male nurses until I got in the profession myself.

I: So, when did you decide you wanted to be a nurse?

R: Um, well, it's kind of a long, longer story than it really ought to be. I was in textiles for 15 years or so and I could see, when NAFTA came in the early 90s, I could see, as the 90s went on...I had a good job. I was a department manager and made an excellent salary, a lot of fringe benefits and things going on? But I could see those things sort of going away as time went on.

And I was still young enough, I figured that I could do something else. And I didn't see myself being able to do that when I was fifty, for instance. Or certainly not 60. And certainly not enjoying it if I was, because I wasn't enjoying it then. It just paid well. And so I went in 2000 to get an information systems degree, to make a long story short. That's what I ended up doing. Took me three years and I worked full time. Did it over here at the community college. About 2002, I don't know how old you are, but you probably, if you were around then, you would know there was the dot com bubble and the stock market fell and a lot of the jobs that I was going to school for got outsourced and sort of went by the wayside. So, when I finished that degree there was basically nothing to do. For more than \$25,000 a year. Probably was, but very difficult to find, because I tried for a year. 2004, I went back thinking I as going to get in health care. And talked with a guidance counselor over here at the community college and said, you know I was looking to being an EMT or a paramedic. So, I looked into what the possibilities of that was, what, excuse me, what the future, what I would be able to do with that. And basically, you're looking somewhere between \$35,000 and \$40,000 a year and that's about it, you know? There wasn't a lot of moving laterally, whatever. So, I had, my aunt was a nurse and she had gone back when she was 50 to get her nursing degree. And I said, "well what about nursing?" And she said, "oh yeah." She said, this is the guidance counselor, she said, "If that's something you think you can do, and you can get into the program, that's the way to go. There's just no limit really to what you can do with that." And I said, "well sign me up." So I started taking class that fall on A and P and stuff like that, anatomy and physiology, and so, sort of the co-requisites and prerequisites and what not. And applied to the program for the following year and got in. Started, started in the fall of 2005. So to say "when did you decide you wanted to be a nurse?" I don't know that it's one of those things, "Ahh, I just want to be a nurse," sitting there, 18 years old, "this is what I want to do with my life." It wasn't like that. It was a very practical matter for me. I knew what nurses did, a lot of the things they do in the hospital, and I knew those weren't the kinds of things I wanted to do. I knew within two months of doing clinicals and being involved in that, that bedside nursing was not something that I wanted to do with the rest of my life. But I knew, I had quit a decent job. I still had that job. Quit a decent job. I had, you know, kind of stepped out on a limb here. So, I was at a point to where, you know, I'm in this. I'm going to have to make the best of it. I'm going to have to find something in this profession that I'll enjoy doing. Even if it takes me some years and I have to do some things that I may not want

Great!

to do. And so, that's what I've done. It didn't take...I'd had a salesman. I had salespeople that used to call me when I was in textiles. Sold me dye and chemicals and so forth and, where I worked. And one of them, when I told him that I was looking at maybe getting into health care, he said, "well you ought to look into nurse anesthesia." He said, "I call on a guy and his wife's a nurse anesthetist. And she makes this and she does this and she's got it...blah blah blah." I had never really knew what a nurse anesthetist was. I don't know if I'd ever heard of one, until that day. And so, I looked into that. As I was doing my clinicals, as I was taking classes. All this was new to me. I had no health care background. I had to learn everything, about how the hospital works, from scratch. I didn't have a clue.

I: Wow.

R: And I did. And I set my sights on either becoming a nurse anesthetist or teaching in a community college. Because I thought, "Well, I'll go ahead and get my ADN, my associate's degree, go ahead and start working. Work on my Bachelor's degree. Eventually get a master's in education, if nothing else. Then I'll come back and try to teach in a community college or something. Because that's something I think I would enjoy. And I said, you know, that's on the bottom end. The top end, if I can keep my grades up and I find that, you know, nurse anesthesia is something that I can do, that's my ultimate goal. But this is my secondary plan. And so that's what I've done since 2005, is worked toward that goal.

I: Yeah. So are you still...are you happy with what's happening so far?

R: Yeah, I got a letter two days ago actually that I've been accepted into anesthesia school at Raleigh, in Raleigh.

I: Oh awesome. Congratulations.

R: Thank you. And so I start that in August. I had already been accepted into a Doctorate program up in Charleston, West Virginia. But it was much more expensive, and lasts three years, and was going to be, logistically, a little more difficult. I wasn't happy about having to go there, but I was going to do it if I couldn't get in anywhere else. So I got into that program at Raleigh, which is a lot cheaper. Excuse me. It's two years and my son goes to NC State, so I'll be right there with him.

I: That works out well.

R: It should. I hope.

I: That's awesome. Umm...that cover's a lot of these questions.

R: I'm sure.

I: Here are just some random questions.

R: Sure.

I: What was your first job? Your first real...

R: First real job? I was fifteen. I went to work with my uncle. You're probably too young to remember, the PTL club? Back in the 80s? You ever heard of Jim Baker or Tammy Fay Baker?

I: [Shakes head no].

R: Back in the 80s they had this...they were one of the first mega tv evangelists. And Jim Baker had this program called PTL, I think it stood for Praise the Lord. So, they had this big compound and this big place down there in South Carolina, just on the other side of the line, below Charlotte. And he was building condominiums and houses and all sorts of projects and he ended up having an affair with one of his secretaries and got busted. And the whole thing fell. And his wife and him got divorced. He spent time in jail for (bilking) people. It was just a big...you ought to look it up someday. It's a kind of interesting story. There's been a movie made about it. In any event, my uncle worked for a contractor who had some of those contracts down there at the PTL club. One summer, between my 9<sup>th</sup> and 10<sup>th</sup> grade year, I went and worked as a carpenter's helper. And I was a carpenter's helper for him down on the PTL club building condominiums and motels for Jim Baker.

I: Yeah, well that is a far cry from what you're doing now.

R: Absolutely.

I: Did you have any other exciting jobs between...

R: I don't know about exciting. The next job I had was in a furniture frame shop where we made frames for sofas and chairs and so forth. I did that for about two years and then my uncle started his own textile place, commissioned a dye and finishing place, in Lincolnton, North Carolina. And he started me there, in the lab matching colors. People would send in little swatches and say, "we want a hundred thousand pounds of this, dyed this color. Match the color." So he put me in the lab, trained me how to match shades and I started at \$5 an hour. And um, when I left there, and that was in March of '88, and when I left there in August of 2005 I was making \$65,000 and was the assistant plant manager. It worked out well for me. I mean, I worked my way from the very bottom...I could have been the plant manager if I'd wanted to be,

but I didn't want to do that. So, I worked my way up. Much the same way as I've done in nursing.

I: Are you still thinking about teaching eventually? When you're done with your hospital work?

R: Yes, yes. I'd like to...I'm going to be an outlier, I think, for your nurse...

I: Yeah.

R: Because I'm kind of an odd situation, but truthfully, when I'm done with anesthesia and get established, get some debt paid down and so forth. I want to get a doctorate in, uh, cultural anthropology.

I: Oh wow.

R: And that's what I'd like to teach. That's where my interest lies and that's what...

I: That's a really interesting subject.

R: Mmmhmm. I love it.

I: Yeah, I would love to it study it more, but no time, unfortunately.

R: I understand, I understand.

I: So, you've been a nurse for 5 years or so now?

R: Well I've had my license for three and a half.

I: Ok. So, how long have you been working in the hospital?

R: Since June of 2007.

I: Ok. What was your nurse training like?

R: Umm...well. We had classes, like, four days a week to start with. Like, the first semester. And then one day a week we would have clinical where we would go in the hospital and just work on the medical floor or whatever for like, half a day. And then we'd talk about that. And we'd go in, we'd have patient assignments the night before, and we'd go in and look at the patient and we'd have to come back the next day and be able to talk about the drugs that patient was going to get or the treatments and so forth. We'd have to study about that and we did what was called care plans and so forth. And then the next semester, I think, it went to two days a week and the summer, we did some psych rotations where we basically just observed. We didn't do a lot of hands on stuff. And then the next semester was labor and delivery and obstetrics and so forth and, you know, being a male, I was pretty limited to what I was able to participate in there, but I still learned some stuff about that. And we did clinicals at least once, maybe twice a day, and the last semester we did some of the same thing. We'd have lecture and assignments and

so forth, projects to do. Did clinical at least twice a week. And by the time I graduated, we were...umm clinical was, it was almost like we were working for free because we'd go in and we were giving meds and we were doing a lot of the things that the nurses would have otherwise done had we not been there. And then for my Bachelor's, that was my Associate's degree and I took the boards that summer. I guess it was, I think it was the first week in June of 2007. If it wasn't, then it was very close. Found out within a few days that I had passed and began work on June, I think it was June 18<sup>th</sup>. Went about, let's see...that was 2007. Then January of 2009 I started at Appalachian's Bachelor's completion program. In the meantime, I was taking co-requisite classes to sort of fill up the whole curriculum. I started their program in January of 2009 and that basically was just, you know, advanced concepts of nursing. The way I look at it, they're trying to build a profession in that part of it. It's not really about, you know, hand on kind of stuff. It's about developing the profession and professionals within the profession, and so forth. And so, it was basically just sort of lecture and projects and papers and things like that for 16 months. I finished that in May of this year. And so, I've been done with school now, for whatever, six months? Seven months?

I: That's nice.

R: Yeah it is.

I: A break finally from all the schooling.

R: Yeah, because I've been going since May of 2000.

I: Yeah, god. Wow.

R: 10 years. Had a one year break.

I: Wow. I can't even imagine.

R: Yeah, I can't either. But I did it somehow.

I: That's awesome though. Did you have a lot of males, other males, in your program?

R: In the Associate degree there was probably five.

I: Yeah. How many females?

R: Yeah. Out of like, I think we started with 60. And we lost like, two males. One or two. At least two. I can think of two. And we finished with something like 50 couple total. And there was like, five of us. So, you know, like, ten percent. Which I think is pretty average. And then, in the Bachelor's program was just me and one other guy and like, twelve women.

I: Wow. So, you mentioned when you were doing your clinicals and your training that you guys would do like, I guess, rotations in obstetrics and probably gynecology and other things that are more female oriented, I guess. Did you have issues with that? Were you not able to do certain things because you are a male? Do you think gender held you back, in a way?

R: Uh, not really. I mean, not too bad. I knew that I was not going to end up a labor and delivery nurse or in obstetrics. If I'm even saying that right. Is that right? Isn't an obstetrician, that's a...

I: I think so. Sounds good to me.

R: I ought to know. But I can't remember. Anyway, I knew that I wasn't going to be in any kind of nursing that was female, you know, where the patients were largely female oriented. Even though I take care of female patients probably as much or more than I do male patients and see everything that they have. You know, it's not...it's really not a lot different except that the women in labor and delivery of course are very...are a lot younger usually. And probably a lot more protective of their privacy, which is understandable. So I knew I wasn't going to be doing that, so it didn't concern me too much that they, you know, "We don't want you to go in there. We don't want you to see that." That was ok as long as it wasn't going to affect me when I took the test. Because there really wasn't any point in me pressing the issue because I knew I wasn't going to do it. It's interesting though that, one of the people that sort of inspired me to be about nursing, I don't know to be a nurse, but she was the labor and delivery nurse for mine and my wife's first child. Umm...her name was...oh gosh...my memory is killing me this morning. Anyway, she was just so nice and so in tune with what was going on with us and very non judgmental in any kind of way, not that there was anything to be judgmental about with us, but just very accepting of who we were. I mean, basically, at that point in my life I was just a redneck, if you get right down to it. Didn't have a lot of culture so to speak. I've told you about my working class background and what I come from, so that's kind of where I was in my life at that point. I was like, 24 years old and my wife was 22. So, we were young and dumb and, you know, didn't know a lot of things and she just took us in. She was just like a little momma hen. You know, she is great. I mean, it's just great that there's people like her doing this job. And I saw her actually when I was doing my labor and delivery rotation at the hospital and I told her, you know, kind of, "You're one of the people that sort of inspired me to do what I'm doing even

though I'm not going to be doing what you do." And I still see her from time to time. She works at the hospital where I work.

I: What hospital do you work at now?

R: Catawba Medical Center.

I: Were there any, like, strange gender dynamics between you and all the females you work with? Are there any biases, maybe, that they hold against you for being a male? Not really outright biases, but just, you know, do you ever get a feeling...

R: Well, umm. Gender dynamics. There were definitely gender dynamics. Biases? I don't know. I only heard, I've only heard one woman say, in all my experiences with that, that men should not be nurses. And actually, what she said was, "I used to think that men shouldn't be nurses. That there was no place for men in nursing, but I was wrong." That's what she said. *Interesting*  
And she was retired and she was actually an LPN. She was not a registered nurse, not that that matters that much in regards to that statement. She umm...you know what I've noticed? And this is going to sound, this may sound a little bit, what's the word? Chauvinist, maybe? What I've noticed is that, if I come in a room, if I'm in the room with a bunch of other female nurses, and I say something, it seems like what I say gets more...

I: Authority?

R: Well, I guess I say it with more authority. But it's like people give it more credibility. And I don't know why, because, you know what has amazed me? In getting into this profession and, in particular, being around women basically your age, you know, lower 20s, middle 20s? Is how intelligent, that's what I loved about going to nursing school more than anything was being around so many intelligent people. I was in textiles. They talked about Nascar and football and, you know, those things are fine, but sometimes I'd like to talk about the DNA structure of the migration of people. You know what I mean?

I: Yeah, absolutely.

R: And so I had people like that around me. These women, these girls and whatever, were just so intelligent, and they didn't give themselves any credit. They didn't speak with the authority that they really had, whether they knew it or, they certainly had it with me. I respected what they had to say. I was in awe. And another thing is, they would get hung up with these just loser guys, you know? They would talk about their boyfriends or their husbands. I mean, "My god. Woman, you can do so much better than this," you know, was my thought. You know, and I've

been married for 20, since '88, 22 years. So, me and my wife get along good and I have a lot of respect for her. I had a lot of women there in nursing school that, you know, would hit on me, you know, and want to do this or do that and, you know, I won't go there right now. But, I had, you, know, I tried to be polite, you know, I tried to get along with people and tried to be friendly, but when I could sense that maybe it was taking a turn that it shouldn't, I had to sort of back off. And you know, that made some of them think, felt like I was turning a cold shoulder to them. Just, I'm one that has always believed that, once you're married, without good provocation, there's no reason to ruin a good thing. I'm not going to find anyone any better than my wife, really, you know, over the long haul. And there wasn't really any point in...

I: Yeah.

R: So, there's definitely gender dynamics. I was the president of my class. And if you go back, I bet this would be a good little project for you, if you wanted to. If you went back and looked at the presidents of the classes, of nursing classes, you'll probably see, now I've never studied this, but you'll probably see that males have been the president a lot of times when they only usually make up five to ten percent of the class. I know that, not the next year, but the year after, there was a male as president of the class. And it just, that's what I say, I think we're given a little more credibility than maybe we deserve. I don't know, I felt like I was capable of the job. I didn't think I was the best person for the job and I didn't ask for it. Somebody nominated me out of the blue in the back of the class and I was lie, "What?!" You know, I said, "Well, you know, I'll do what I, I'll do the best I can, if that's what you want me to do. I'll try." And I did. You know, I did what I could. So, yes.

I: That's interesting.

R: There was gender dynamics for sure.

I: Do you think that has anything to do with the fact that maybe the majority of the doctors in the hospitals are male and people just, kind of, associate males with being doctors and then, you know? I guess in the hierarchy of the hospital...maybe they just subconsciously assume...

R: You know what I think it is? Why there's more men that are doctors than women? Is because women are generally held down from, by both genders. I think that, I guess the main point that I was going to say was this. I could go on about that and expand that thought, but basically my point is that, what I was thinking was that...men. Being a doctor takes about ten years, roughly. And for men, you're basically committed to yourself during that time. You

don't have time, really, for anybody else. Yes you may get married and yes you may have a relationship or whatever, but that's going to be, by and large, on the back burner to what you're pursuing. Women, you know, from 18 to 30, are basically having children. I mean, that's the time to have children. It's the healthiest time and that's the best time, really. And so, it's much more difficult for a woman to take that time away from other people, children, and other commitments, to go on and pursue being a doctor.

I: Yeah. That makes sense.

R: And then nevermind the psychological effects of, you know, "Women are nurses. Women are teachers. Women are this. Women are that. Men are doctors. Men are engineers. Men are..."

I: Lawyers.

R: Lawyers, exactly. You know, I think that either sex can do either job just as well. It just depends on how much they want to do it.

I: Yeah. And their circumstance.

R: Exactly.

I: Do you think your patients treat you any differently? Do you think they are ever kind of surprised that you are a male nurse?

R: Yeah. Definitely. I get, "Well I had a good male nurse when I was so and so," "My daughter's husband was a nurse," or "was a male nurse", you know, it's not nurse, it's male nurse. Because they don't say female nurse. It's male nurse. And I've had some women that'll be, "Well, I don't really want a male nurse. I don't want..." you know. Because you get some men that don't want female nurses. Mostly it's usually their wives that don't want them to have female nurses. So yeah, I get, you know, I get second looks.

I: Kind of, I just...I know this whole phenomenon of, like, doctor tv shows, really ever since ER now, and doctors in pop culture and, I just, I watch some of them. You see a male nurse in a show and there's just a way that they're treated differently that people are like, "Why are you not doctor? Are you not smart enough to be a doctor?" Does any of that ever actually hold true?

R: How do you mean?

I: Just the pop culture conception, I guess, of men...

R: Well, you know, I've always believed in the "where there's smoke, there's fire." I mean, there's a little something too that. Most of the male nurses I know, and probably including me,

are a little bit different. They're a little...I don't know if you'd call them weird, but there's little, you know, there's a little something different. Again, I'm probably an outlier, or I like to think I am. Well, I don't like to think I am, I just think I probably am because I'm pretty uh...I'm not the typical model of the male nurse. The ones I know are, you know, I don't know how, several of them I know have gotten into because they want to be nurse anesthetists. And then there's a couple that are just different. I mean, you talk to them and you're like, "mmhmmm. I don't have anything in common with you." You know what I mean?

I: Yeah, absolutely.

R: And then there's some that, you know, are kind of like me and you wonder, "what's your story?" My story is just basically practicality if you get right down to it. I had a family I had to raise. I had to find something I thought was going to be around for a while, something that I could fall back on, even if I didn't do it. You know, keep my license up and if worse came to worse, I could always go back to this.

I: Yeah. Hospitals aren't going anywhere.

R: Well, you like to think not.

I: Well, not for a while at least. Probably not in your lifetime.

R: You know, Meet the Fockers, that guy, he's a male nurse, you know, I think he's sort of...It's pretty funny. I mean, I look at it and laugh and you know, there's jokes. I mean, I've got a Mini Cooper, a little red Mini Cooper. And I wanted a Mini Cooper before, really, before I knew what they were. And certainly before I was a nurse. And my brother who's actually the Superior Court judge now, but he was a lawyer. I had that car and I went and picked him up. You get in my car and it's got a little sunroof and everything it's a cute little, fun little car. I love the thing. So he said, and I know that it's not politically correct anymore to talk about homosexuals and so forth, but he said, "Gah, you've got a gay car and you're a nurse!" So I had to like, suck that up and it was funny, you know. I mean, I look at it, yeah, "that's funny." So I mean, I don't think that doctors look at nurses and say, "You're not smart enough to be a doctor." That's not true. You know, there's some doctors that are brilliant, but I know some nurses that are, you can stack them up against anybody, you know. They just have a different wealth of knowledge. And I think it's just how much you advance your practice and advance your professionalism and advance your education as to how much you're taken seriously as a nurse.

I: So you don't think doctors treat you any differently than they do the female nurse?

R: Yes, I think they do.

I: They do?

R: Yeah. And it depends on the doctor, too. I mean, I think most male doctors, because you know, there's several female doctors I deal with too, but most male doctors kind of look at me like, "What are you doing in nursing?" Kind of like that. That's kind of the feeling I get. But they won't talk to me much because they usually just have so little time that basically you just, you don't really talk about anything other than the orders that they've written and you go on. So I don't have good sense about what they feel about me or male nurses other than just my perception and sometimes my perception is wrong. I've never had really any of them say anything to me that I don't guess they wouldn't say to a female.

I: Yeah. But you do think there is a difference? Just a different perception?

R: I think there is but I have nothing to back that up with. I have nothing to really substantiate that.

I: Just that maybe females are more accepted?

R: I don't know. I really don't know. It's just different. It's kind of like they look at me with a raised eyebrow. You know what I mean? And I don't know that they do that with other females. And three and a half years is not that long and I work in critical care and I've only worked there, it's been just a little over two years. And so, you know they, you know sometimes I don't...I think maybe I don't have the experience that a lot of the other ones that they're used to talking to, so when they talk to me and I don't say the things maybe that they're expecting me to say they think, "Maybe he doesn't know as much as this one." So a lot of what I may be perceiving could be related to my lack of experience, if you know what I'm saying.

I: Oh yeah. So, what did your friends and family, other than your brother, think of your decision to become a nurse?

R: Umm...they didn't seem to have too strong...my mom was thrilled. The rest of them didn't really seem to have too much of a strong opinion. It was like, "Ah well, ok. Are you sure that's something you want to do?" You know, that kind of thing. It's like, "Well, yeah." It really wasn't...umm...not a big deal.

I: Let's see. Do you think there are any barriers to your success so far because you are male? Do you think gender played a role?

R: Other than the culture of nursing. I mean, nurse, in and of itself, the word has, I mean it means to, the verb form of it means to breastfeed a child. And so, there's...and you know when you go in and you see a bulletin board about things that the hospital wants to do, you'll have little dragonflies and little flowers over here and you know, cute little things here and there. It's just nothing, I mean if it was all guys, I mean, there wouldn't be nothing like that. You know what I mean? It would just be...certainly wouldn't be if I was there, I can tell you. So it's almost like you're at a daycare, you know what I mean?

I: Yeah.

R: It's like, "Here's our list of things to do today children." And that's kind of the way a lot of that stuff looks. And just some of it's kind of...I know obviously I'm not a female so It's hard for me to think like that, and you know, I understand it, or I think I understand it, and I accept it and I go on because I know that I'm moving beyond that, but I think really the name of the profession needs to change. I know that would be blasphemy to a lot of the people in nursing. But I think the name of the profession should change. I think the education standards should be the same. There shouldn't be any diploma, ADN, or Bachelor. It should all be Bachelor even though I came up through the ADN. I think, if they want the profession to have some respect and to have some serious consideration and be taken seriously, they need to get serious about it. So, barriers for me personally? Nah, I don't guess. Other than just, you know, not being as gung ho about, uhh I don't know, the whole tender-hearted, touchy-feely kind of stuff. That's just not me. For better or for worse. And so, whereas I may have benefitted from being a little more touchy-feely or whatever, but not really. I mean, nothing, no obvious, meant to be barriers, if you know what I'm trying to say.

I: Going back to what you said about changing the name of the profession. What do you think it should change to?

R: I don't know. I hadn't really thought much about that. There's my mom. She's going to think I'm out with you.

I: Here, I can pause it.

R: Ok.

~ Part II ~

Respondent: What did you ask me?

Interviewer: About the name.

R: Oh yeah. I don't know. I really haven't thought that much about it beyond... And I mean that's a whole cultural shift in the dynamics of that profession. Lord. And like I said, that would be just pure blasphemy to some of these old, old time nurses that are just entrenched in it. In all the nursing theory and all that kind of stuff. I mean, it's never going to happen, but I mean, I think it should.

I: Yeah, so do you think all the nurse training programs should be a Bachelor's degree now, instead of the AD?

R: I think so. And I know that there's been this "nursing shortage," but I think that that's kind of been taken care of. There's a lot of programs out there now and they've really been spitting out nurses for the last ten or fifteen years, or five or ten years, so that's been the thing, "well we can't do that because there's such a shortage and we've got to have nurses to take care of patients and stuff and blah blah blah blah blah..." and yes that may be true, but the problem with that is that you cheapen your value. If there's 20 people waiting in line for a job then the people who are going to give you that job, don't have to pay you as much, don't have to entertain you as much, they don't need you as much and if you want to be needed and you want to be valued then there needs to be less of you, if you know what I'm saying. And you need to be more credentialed and you need to be better educated and so forth. And I think that they ought to stop ADN programs. They ought to start phasing them out and phasing in Bachelor's programs and, you know, it may hurt for a while. Who it'll hurt is... it won't help the patient and that's not a good thing, I'm afraid. I might hurt the patients for a while because there would be lack of people taking care of them, but in the long run, it'll benefit patients. It'll hurt for a little while, but I think that over the long haul, it would be best if they went to Bachelor's programs. I don't know about the plan. I'm not that kind of organizer and stuff, but I think that's what should happen.

*Relates to Melosh.*

I: So would it be a more intense program, do you think? The Bachelor's program. More intense than the AD or just more standardized?

R: I don't think that it's more intense. I mean... I mean no disrespect to my instructors and the program at App, because I think it's very similar to other RN to BSN programs, but, you know, the Bachelor's part of my program was the easiest part, by far. The most intense was the Associate's degree part of it. So I think, really, over four years, you spread that stuff out. I don't

think it would be more intense, I just think it would be better. You know, you'd be better educated. You know, I'm better educated by getting my Bachelor's degree. I mean, I didn't just take those classes just so I could have the degree, I mean, I learned some things. And you know, I think I'm a better caretaker because of it.

I: Yeah. That's good. Umm...I guess just, anything else you can tell me about male nursing. It's something I know...nursing in general is something I know very little about. As I said, I like Asian history. Never even thought about nursing history until I took this class. And so, we've read about it and we've talked about it, but not much about male nursing because it's such a newer phenomenon. I don't know if there's anything, or any final thoughts or any issues maybe, that are a growing concern in the nursing world?

R: No, I mean, I think I've touched on some of the things...you know, if you hadn't asked questions that sort of brought those things out like changing the name of the profession, making the professional little more serious, consolidating the education criteria to be just Bachelor's, you know, just those kinds of things are the only other things that I would add. You kind of touched on all those. That pretty much covers it I think.

I: There's something else I just thought of asking. Now it's going to slip my mind. Ugh.

R: Just interrupt me next time.

I: I don't know...I lost it. Oh! Got it! Do you think, is nursing viewed as a respectable role? I mean, you mentioned that maybe you think it would benefit to be more professional, maybe taken a little more seriously. But do you think it's considered a respectable profession right now?

R: Oh yeah. Yeah. I mean, they've done a lot of things right. I don't mean to trash it. The people who have developed this profession have done a lot of things right. You know, if you go back and look, survey after survey after survey, that nursing, nurses, are the most respected profession. They top the list every year. And for good reason. There are some really selfless, caring people...the kind of nurses that I like...I don't like a nurse like me as good as I like somebody like...I mean, technically, I'm going to take care of you if it's my job because I was raised that way. You have a job to do. You do it. You do it the best you can. And you do it as full as you can because you're getting paid to do it and because it's your responsibility. And so I have that sort of thing going on in my mind, but there are people who do nursing because they like to take care of helpless people and they enjoy being able to give that comfort to somebody

who is in pain or who is in distress or otherwise can't take care of themselves. And those are the kind of people that need to be appreciated, that need to be compensated and you need them in the profession because they're doing it because they love it. That's what's going to make the profession, going to keep the profession respected in the end. What I mean by respect as much as that...if they want more male nurses for instance, if they want people, you know, if they want people to go into nursing instead of engineering, or doctor, or whatever, then they're going to have to make it more...I don't know...

I: Professional?

R: Yeah...I don't even know if that's the right word.

I: Maybe less butterflies on the bulletin boards?

R: Absolutely. Absolutely.

I: And more businesslike?

R: Yeah. And pay people more. You know? Make them earn that degree. Make them earn that license. But then compensate them and compensate them well. Because I mean, they have a lot of knowledge. I have a lot of knowledge.

I: It's an important job.

R: It's a very important job. And then you get into critical care like I'm in. I mean, it's life or death. Those people...we, me, we handle some very important stuff. We have people lives by a line or several lines and that's a big deal. That's a lot of responsibility. I can tell you now, I don't get paid enough to do it. And the people who are doing it beside me, don't either. So, I guess...

I: Just one last thing. You were talking about the nurses, some of the ones you respect the most, the ones who really are in it because they love it, but do you think there's any relationship between gender? Like, do you know many male nurses who are really kind of, the more touchy-feely, almost like the nurturing character that a lot of like the labor and delivery nurse that you and your wife had?

R: I do know a couple. I mean, I'm like that to a degree. I mean, it's hard for me, it's really hard for me to take care of somebody. I do it, but it's hard for me to be nurturing and care about somebody and really just, you know, put in that whole warm and fuzzy aspect of my "care" to somebody who doesn't take care of themselves. You know?

I: Yeah.

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R: Who weighs 500 pounds and drinks and smokes and eats as much as they can and doesn't care about anybody but themselves. But, you know, I got this guy who had been in the military. He'd been in Afghanistan, Iraq, excuse me, and his buddies had been hit by a roadside bomb and two of them had been killed and he had been injured and he had shrapnel that had been taken out of one of his buttocks. He was only 20, 21 years old. And he came to us, he'd been discharged, and he came to us and this was his third suicide attempt and so I was able to help that guy, you know what I mean? And I understood, I mean I hadn't been through all that, but I kind of understood where he was coming from and I understood why he wanted to kill himself. So, I really put forth as good an effort, as nurturing, if you want to call it that, as I could be towards that fella. So in that sense, I'm like that. But I know other male nurses who are just, you know, they act like women basically. And they're with anybody, "Oh that's ok. Let me help. Let me turn this sheet. Let me..." You know, that kind of thing. I know, I can think of one right now, who does that. But by and large, that's a female thing.

I: Yeah. That's interesting that you brought up the war and your dad, you mentioned, was drafted for Vietnam...

R: He didn't go to Vietnam.

I: He didn't go?

R: No, he didn't go to Vietnam.

I: So he was never actually in...

R: In combat? No, he wasn't.

I: Oh well good for him.

R: Yeah. He was lucky.

I: Yeah. Did he ever, even in just his time being drafted...he had to go through his training, were there male soldiers going into nursing? I don't know if he ever...it's kind of a concept that I wonder about with World War II and maybe this influx of, you know, soldiers becoming nurses because they were drafted. I don't know if you know anything about that? If maybe it's growing at all? At least in the military?

R: There are a lot of male nurses in the military. There's one actually that's working in our hospital now. He came...there's two actually, that I know of, who were in the army. One of them was actually in the special forces. And I think he may have been a medic, but I'm not sure. Anyway, he came out and went...both of the actually went to Lenior-Rhyne, I think. One of

them did. The other one might have went to Caldwell. Caldwell Community College. But, they were both in the military. I know a guy who is in an anesthesia program now who was a nurse in the military. I mean, I don't know the numbers, but I bet you it's probably half the nurses in the military are male. Fact is, I'm looking to maybe do that myself through the anesthesia.

I: I wonder if maybe that will help in this sort of professionalism you were thinking that nursing should move to. You know, you get those very goal-oriented, professional people from the military. Those men. And then they come...and they're out of the service now...and they come to work and maybe they have more of the similar mindset that you have...you know, less butterflies on the bulletin board.

R: That's an interesting thought. I don't know that there's going to be enough to influence it, but I think, certainly, that's an idea. And I think that women are also in the military, you know, and they have that structure. They certainly don't have butterflies on the walls. You know, they have the military doctrine and the military way of doing things, so you know, they're coming into it as well with, you know, a more...I don't know. You know, and some nurses don't want that. They don't want what I'm talking about. They would listen to me say that and think, "That's not a good idea. He's wrong." And they might be right. So there would be people who would say that that's not a good idea, but from my point of view, if you want more...And I don't know that we need more men in nursing. You know what I mean? I've heard a lot of people say that people are getting into nursing now because there's a shortage, because they're doing it for the money. They're not doing it because they like the profession, because they love it. And that's true. That's why I'm here. And I don't know that that's good for the profession, so to speak, you know what I mean?

I: In the long run?

R: Maybe. You know, I don't know that...but from my point of view, if you want...I don't know. It's hard to say. I mean, nursing is one of those things. It's a little bit of a...it's a little different.

I: Yeah.

R: Umm...it's not like...building a house. You know what I'm saying? It's almost like an art.

I: Yeah, yeah. It seems like there's a fine line you have to walk on, too. Between just the males and females, doctors and nurses, patients and...there's just a lot, a lot of different dynamics going on between the demographics in hospitals that I feel like would be hard to balance.

R: Yeah, it is. But, it's been a good profession for a lot of people. You know, some of those women that I was talking about earlier, in my class, who were so intelligent...I feel like it's been a good way for them to get on their feet and get some independence and not be relying on some piece of crap dude, you know what I mean?

I: Yeah.

R: So I think in that sense, it's been a great profession for them to get on their feet. And it's a good profession for women. It fits them. I don't mean that in a sexist kind of way.

I: Mmmhmm. No, that's interesting because we were, in our class we were learning about how the origins of nursing, especially nursing in a hospital, and how it was considered one of the three respectable jobs for women to take: teaching, nursing, or being a secretary maybe at an office, but mostly teaching and nursing. I that's interesting that, you know, now...and I do see that some of the people that I go to school with...I know that you see them and they're right along with the education majors and it's kind of a whole demographic of people that maybe wouldn't typically be so independent, but they are because they found that outlet for themselves.

R: Yeah. I think it's been good. It's a great profession.

I: Well, that's all I have unless you have anything else.

R: Nope. I hope that I was able to help you.

I: Yeah, definitely.

Great interview!