

N.H.S.
Margaret Kinley

M Kinley: Hello, my name's Margaret, Marion has asked me to talk today about my time in the Health Services. I started my nursing career in 1951 a long long time ago and the Health Service was already 3 years into its birth. Em, I trained in Belfast, em with another 36 raw recruits, first time we were all away from home, em I was there for 4 years and then I came to the Isle of Man to work in Nobles. Em I must have been young looking at that time because I didn't have to have an interview and they just accepted me on the strength of my credentials from the hospital in Northern Ireland and when I reported for duty, the Sister mentioned, it was quite a gasp looking at me and said "was I sure I'd come for a staff nurses appointment", I looked too young at 21, 22, em that she thought I was one of the new intake.

M Hastings: Laughs.

M Kinley: So I spent some very good years in Nobles, em but makes me said now when I see how things are, that em, I worked on the wards and then left to get married, came back again part time, on and off. And during the winter time my husband was at that time an officer in the Steam Packet and we use to go away to Barrow and Birkenhead for the winter which was a nice place and then I sort of had my seasonal job here, worked in and out of casualty. Came back to work in casualty and outpatients and I was there for a long number of years, which was very good and there was lots of changes in that time and em then in 1970 I finished when my son was born, and em in the years in between I em helped out at the family planning clinic, em in those days, there were 3 of us on the Island and I was the relief. Em.

M Hastings: So was this for the community, or did they...

M Kinley: No it was a private, it was, this is, it was, eventually it was funded in England by the Government, but originally it was a fun.. it was, a private, what would you call it.

M Hastings: Clinic.

M Kinley: Clinic, I suppose yes. Set up by em here by very well meaning ladies and em it was just the bare essential methods of contraception to try and help the Island.

M Hastings: So was you educational as well?

M Kinley: Yes.

M Hastings: Use to work round the schools or..

M Kinley: No no no, it was just you know, oh it was very much frowned upon by the hierarchy that we shouldn't be doing things like that, and those people who could pay paid and those who didn't were given free contraception. In those days it was more or less just em cream and a cap sort of thing, the usual, other bits and pieces.

M Hastings: But the National Health didn't want to know.

M Kinley: No, didn't want to know and National Health didn't want to know on the Island until oh about the late 70's or even early 80's. Yes. It was during that one of the time of the years when I was there in Birkenhead for the wintertime, so I went to Gambia Terrace which was the Headquarters of the Family Planning for the North West and I did my training there in my own time. Use to trot over on the ferry and go up to Gambia Terrace and then back down again, and the first time I went of course, I was so late coming back, my husband was nearly beside himself, so he thought I'd got lost in Liverpool.

M Hastings: Laughs.

M Kinley: Em oh dear and then when I eventually went back to work, I went working relief on the district and I did that for oh quite a number of years and then in, I got interested through my son doing a project for school on a charitable institution, em and I had quite lined him up for my husband to talk to him about the life boat, rthat er my husband being in the harbour and that and being able to have all these things at his fingertips, but I'm afraid the laugh was on me because father said to him. Well why don't you do Hospice, your mother's interested in that, and hence that's how I came to being working in the community in the Hospice in 1984, 83, 84, when Hospices' was in its infancy here, trying to start it and then I joined Hospice in 1985 and em I had the honour of being the first MacMillan nurse to be actually sponsored on the Isl. Be sponsored by the MacMillan Fund and eventually when the Hospice was opened here, they were given a grant from the MacMillan Fund as well, start them off. Em and I was with Hospice until I retired a couple of years ago, so that's the sort of thing.

M Hastings: When you were in the Hospital, working in the hospital, were you always in casualty or was that just when you were doing your summer job.

M Kinley: No, I went, I was originally I was in one of the medical, I was a m..... medical and then when I was available in the summer as it was, as everybody in those days seemed to have seasonal jobs, I was working in casualty, I had patients in casualty.

M Hastings: Did you find practices changed much over the years you were there.

M Kinley: Oh yes, a lot like a lot.

M Hastings: And was that legislation from on high that caused it or was it just natural involvement.

M Kinley: It seemed to just, that we've just seemed to be following a natural pattern but em I'd that em patients are no longer patients are only a number and as has been said a number with an address and even sometimes the address is not correct. What makes me sad that em, that patients is no longer treated as individuals, that's one thing. Nowadays from clinics, there seems to be a delay in the hos.. and from the clinic, whoever is doing the clinic, getting the letter about the patients condition to the GP and there's often weeks before there's a letter. In the days I use to work. The consultant always did the letters about the patient at end of the clinic and the parole secretary often was there maybe of an evening late on getting her work done, but there seemed to be a better system. Nowadays there seems to be more staff, more machines and yet there less efficient the system, that's one thing I find. Another thing I noticed, I use to see, that if a patient came to a surgical clinic with maybe a medical diagnosis evolved, em there were, got an appointment for a medical clinic. Nowadays they seemed to be passed back to the GP and then he has to refer them to that another clinic. Well that's an awful waste of time and anxiety for the patient as well. Em I think that nursing is no longer, but I know it was a vocation, but always we were told it was vocation, em there seems to be so much book work, paper work, credentials, paperwork that you have to have all your em, a lot of the common sense and sympathy has gone out of nursing, plus the fact that there's too many managers and not enough, there doesn't seem to be anybody that the nurses can sort of focus in on. You know.

M Hastings: When you were there, there was a matron Who everyone knew was the boss.

M Kinley: Yes, who was the boss.

M Hastings: And who to go to if you had a problem and who knew what was going on in each area.

M Kinley: Yes, you had your ward sister, fair enough you went up the line and whether you were with em, was junior one doing the sputem and the slouse sort of emptying bed pans, but there was always somebody senior to you who went up the line and, but the sister knew everything that was going on in the ward, nowadays you've got the red team and the blue team and heaven help you if you ask somebody in the red team how someout patient in the blue team, they don't know. I know I suppose it's progress suppose to be a named nurse but.

M Hastings: I think the idea was, the idea that you looked after the whole patient rather than one do the bath, one do the medicines, that the basic idea is sand, it doesn't always..

M Kinley: Oh yes, doesn't work.

M Hastings: Follow through.

M Kinley: No.

M Hastings: When you were in the medical ward were there many changes in the medicines and the technology of equipment.

M Kinley: I suppose yes over the years it has evolved like everything else has become.

M Hastings: There seems to have been quite a change.

M Kinley: Yes, it has suppose really, I mean I suppose in those days in Nobles, being Nobles as it was, you were a medical ward, but if there was an overflow in the surgical ward, you ended up with surgical patients as well if you had beds and it was take in. That type of thing, so, were everybody worked ...very well together.

M Hastings: Because one of the things that's come up in these interviews is the fact that em there were a very few basic treatments for patients and nursing care was very very important, whereas now you're getting the feeling there's so much drug treatment and technological instrument treatment that the, is the nursing care as important?

M Kinley: It's not looked on as important because this is why I'm saying that nursing is no longer a vocation, it's a job and you get a salary, a reasonable salary, but I don't think that people want to know so much, I mean they want to finish at 5 0 clock and go home and that's it and finished with, whereas I think maybe, maybe I'm old fashioned that you thought about your patients and if you, if you were short on the ward, you stopped on and helped out. Em and I think a lot of this is the fact that there's so many people who have come into nursing now who are managers in nursing, who have got no nursing skills and who don't want, and they tell you in nursing there's no money. Well the money is probably being channelled off and other things and equipment and technology. In actual fact now in nursing I feel that you need to be a plumber, an electrician and god knows what all rolled into one, as well as being caring. This is what I find about Hospice, that working in a hospice, that you went back, although at the time we were only really supportive and em giving em, advice, em em whereas the doctor, the GP and your District Nurse were still the main carers, you were a supporter and you often use to stop to sit on your hands, not to have to do things that you could see wanting to be done. But I felt that hospice

was more back to the caring side of work, that I, that as I know it, or knew it, than the modern medicine is today.

M Hastings: Of course em then Sicily Saunders said there should be no hospice order within 10 years because hospitals should have taken on board the hospice,be the patient as a whole, but it hasn't happened.

M Kinley: Hasn't happened. And this is, you find that I fin.. I, it's been a pet thing with me that people coming from hospital to the hospice philosophy and in the hospice environment try to bring hospital ways with them, and they don't always listen to what the patient has to say. We were brought, lead through the hospice facilities philosophy, that you go by the thing that pain is what the patient says it is, not what you think it is or maybe somebody else thinks and what you have to. You do in a hospital I think look after the patient as a whole.

M Hastings: When you were on the district, was it, how much freedom were you given, I mean with looking after the patient, you were not with the doctors then and the time you were doing it because now they have the nurses connected with the doctors surgery, when you were there was it a surgery based district nurse or where you

M Kinley: No, you were, originally when I went to start with, you were just in the community and then we had what you called districts, you were actually the district nurse and in that district em you, you were zoned and you could have maybe 4 or 5 different doctors in your area that you had to know and be aware and you had a case load, could be adding up to maybe 60, 70 maybe 80 patients on your case load, granted you didn't see those every week, some you only maybe saw once a month, although there were patients who were having a bed bath and you saw them once a month or something. But the bath attendant went in, they were called bath attendants in those days, they went in every week and if there was any problems they reported back to you. There was your daily generals and there was maybe the old long term nurses job, was the varicose ulser, that yous maybe saw once every day or maybe twice or three times a week, now with the help aboutthey're trying to get rid of work now Em those, it was different, it was different but then we went during my time, we went over into practices and you could be going into a house, maybe there were three or four people in the house and they could all have different doctors in that house, so you might be going in, maybe somebody else of another practice was coming in as well and so it went on.

M Hastings: And did you find the change to practice district nursing, practice nursing worked or was it a bit of a kerfuffle to start with.

M Kinley: It was a bit strange, but none of us liked change, it's with the change... but you got use to it.

M Hastings: It worked all right there

M Kinley:yes yes yes

M Hastings: Weren't too many problems.

M Kinley: I suppose in the end it was more sort of streamline, but.

M Hastings: But your actual workload didn't change.

M Kinley: No, oh no no.

M Hastings: And you always had no problem even when you were in the district, you reported to the doctor if there was a problem.

M Kinley: Oh yes, oh yes yes yes yes and we had a boss, Miss Callow in those days, who was a boss and you could really you know she ruled everybody with a, you didn't, you never said no to Miss Callow, she was very good, and she was very fair give her her due, but she was the old school and the patient always came first as far as she was concerned, she was very good. Em I quite had, em you got use to it, but at the end of the day you always have to, the doctors, the prime car are followed by the district nurse, followed by whoever else is going in, so that was that.