

Diamantina Health care Museum Association Inc– Oral History Project

Interview with: JOAN LECKIE on 7th October 1999

Interviewer: SUE PECHEY

This transcript is a slightly edited version of the conversation on the matching tape/disk.

Researchers interested in the fine detail and vocal nuances of the interview are encouraged to listen to the aural version.

Place: Princess Alexandra Medical Library

SP: Now Joan, tell me a bit about your childhood and your education.

JL: Actually I had foreign parents. In those days if you had foreign parents it was quite unusual. I was born in Australia but my mother was born in Lebanon. My father was born in Australia but went to live in Lebanon. In those days there were very few new Australians around.

SP: What years are we talking about when you say 'those days'?

JL: Well do I have to say when I was born? Well I suppose when I was first aware of things I guess I was about 4 or so, which would be 1939. It was different because there were very few new Australians so I had to live and try to integrate.

SP: Did you grow up speaking a language other than English at home?

JL: No, my father insisted we speak English at home. I have trouble trying to speak it. I went to primary school in and I went to boarding school in then I went to the Girl's Grammar school.

SP: Which boarding school did you go to You went there in your primary school years?

JL: I went there when I was 10 I think.

SP: How many brothers and sisters do you have?

JL: No brothers and sisters.

SP: What was wrong with you ...

JL: Actually they thought I was going to have and they thought a dry climate was going to be the way to go. I was in the babies room at boarding school. I got rheumatic fever when I was about 13, so then I came down and went to school at the Girl's Grammar School. We are having our 50th reunion next week.

I left school and I worked in a jeweler's shop. I wanted to work in a bank and had no thought of going nursing.

SP: Did you leave school after Junior or after Senior?

JL: After junior. I was doing the accounts at this jeweler's shop. I went to work there in the school holidays and stayed 3 years. Then I thought I needed something different so I went nursing. I had never set foot in a public hospital in my life and I nearly died when I walked in and saw all these stretchers and signs hanging up saying 'nil by mouth' and all these things, because I had only ever been to St. Martin's, which was a private hospital in those days.

SP: How did you make the decision to go nursing?

JL: I was working with a girl at the jeweler and we both went. There was no one in my family who had ever done any nursing. My mother was a very caring person. She looked after people around her and she had a caring nature. My father said, 'I will give you 6 weeks.' I was determined to see it through.

SP: Tell me something. In your family did you mix with lots of other Australians or were you

JL: No, all Australians. We had very little to do with the Lebanese community. Mainly because of religion Christened Orthodox no Orthodox Church here in Brisbane and most of the Lebanese people became Catholics. But I have grown up Church of England.

SP: Now you stayed out the 6 weeks your father gave you?

JL: I am still there. Apart from my education I left in Junior but I went to University about 2 years ago.

SP: What are you studying?

JL: I did my degree at the ripe old age of 60.

SP: Did you have to do the whole degree or did they give you some? Was it fun?

JL: Part time. It was different and it made me look at things a little more laterally.

SP: So you did your training at the Brisbane General?

JL: It was the Brisbane General in those days.

SP: I think it was the Brisbane Hospital.

JL: It was the General Hospital.

SP: No, I think it was usually referred to as the Brisbane General but it was in fact the Brisbane Hospital.

JL: We worked pretty hard in those days. Broken shifts and all our lectures and things had to be in our own time.

SP: Living in?

JL: Oh yes, that was the fun. Because there was the 4 of us who all started together and we are still all friendly. In fact one of the ladies and I share grandchildren. We bonded together and we still have a wonderful friendship.

SP: So you went right through all your training over there, at the Royal?

JL: Except we came over here to the in our second year and we had TB patients here then. The TB and patients with Hansen's disease and they were in the around the tennis court where the day surgery is now.

SP: Could you describe those pavillions.

JL: I have actually been looking for some photos but I couldn't find any. They were like shacks where the shutters came down at night. The only photo I could find was one of the TB wards. I think that was F5 and that was that brick building over there where Information Technology is. Upstairs was the female TB and downstairs was the male TB. That was really quite heart rendering in those days. Because the patients were in hospital for such a long time, there were lots of marriage breakups and there were lots of romances between the male and female patients. I remember being in a ward (M6 I think it was) and it was male TB. On Friday night they would go out on pass and they would come back and stash a few bottles of beer up in the locker and you couldn't do a thing about it.

Well I think it is interesting that they were allowed out. We still had to wear masks and things to nurse them. And we had to cook their breakfast, because they needed bacon and eggs and that sort of thing which had to be done on the spot.

I was a second year then.

SP: Tell me about the Hansen's disease patients. Did you nurse them?

JL: I didn't have a lot to do with them. Only the TB and the geriatrics.

SP: The TB patients – a fair percentage of them got better?

JL: Quite a few died.

SP: Do you remember the first death you ever saw?

JL: I don't know whether it was the first death I saw but I remember all so vividly also in my second year we used to have patients that used to sit in a position for 12 days. I remember taking a patient to the toilet in the wheelchair after the 12th day and he died on me in the toilet and I couldn't get the wheelchair out. I was a second year.

Now we do cataracts and the patient goes home in an hour. In the days when we did cataracts, when I was a second year, there were no

SP: People died of a cataract operation.

JL: Probably through sitting for 12 days, I guess. That was quite an experience and that is one thing I remembered so vividly, trying to get this wheelchair out.

SP: So you were here for your second year and then did you go back to the General?

JL: I finished my training in 1957. I can actually remember the day we finished. It was the 6th September 1957, because that was the day the Rec Hall was opened. The main lecture room over here in Diamantina House. We had a big dance on that night and we all came to that dance.

The big hospital started sending Royal Brisbane nurses over here to open the first couple of wards. That was about 1956. The two wards that opened were G3 and M1. M1 was the eye ward. G3 was plastics and chest. They had patients that were having plastic surgery and patients that had chest problems.

SP: What happened after you graduated in 1957?

JL: I went to Melbourne and did Middy – 1957/58.

SP: Where did you do that?

JL: At the Royal Women's. Then I came back for a short period to the Children's then I got to come here to PA. I mean I always had a soft spot for the PA for personal reasons. I came back here to PA in about 1959.

SP: Did you have to apply for a job or did you just let them know you were available?

JL: I am not sure whether I transferred or whether I applied. I can't remember now.

SP: You can't remember having an interview?

JL: No. I can't remember. I think I just came straight over. I worked here from 1959 to 1961, I think, and I ended up in charge of M6 before I left. Those were the days when we only had 2 registered nurses per ward.

SP: So you were a charge sister by 1961?

JL: M6 in those days was an intermediate men's surgical ward. I spent a whole year in C1 as second in charge prior to that, and that was female medical. Then I got married.

SP: Where did you meet your husband?

JL:

SP: He wasn't on the staff here?

JL: No – so I got married and I spent a little time having children and I worked in a couple of doctors surgeries. I came back here in 1969 as a part-timer. I was one of the first part-timers in the place and I worked in the theatre. Now, I had never done theatre in my life and I worked 2 days a week to start with.

SP: Did you ever train?

JL: Training was very minimal in those days. See one, do one, teach one. That was just about how it was, because we didn't have educators – not for the registered nurses. But the students did and I can remember asking if I could sit in on some of the nurses lectures. I worked 2 days a week for quite a number of years, and then I worked 3 days a week for quite a number of years, then I went to 4 days a week. So in total with that stint I think I worked for 17 years up in theatre.

SP: Which surgeon did you work with mostly?

JL: The Urologist. I worked with all the urologists.

SP: What were there names?

JL: and the young guys like Thomson and other Registrars at that time. David Nicol – all these guys were coming through as babies at that time. Most of the urologists on the south side of Brisbane I worked with Sid Cage, who was a gynaecologist, I worked with Ian McDougall, who was in those days a plastic surgeon. I really enjoyed theatre.

SP: Tell me how different theatre is to general medicine?

JL: Quite different. I think in the wards you spend a lot more time with your patients and in the theatre you try to do the best you possibly can for the patients but also keep the surgeons happy. Make sure you have the right equipment and make sure things go smoothly.

SP: Can you remember any times when they didn't go at all smoothly?

JL: I can remember one funny incident. We have a guy called Sam Mellick who was a vascular surgeon I only came However this day

This day he was going on about poetry and we always used to have to scrub someone to assist him. This day a nurse scrubbed but he didn't realise it was a male nurse at the time and he is going on about all this poetry and he said 'Well nurse what do you think of that?' This male voice came back, 'I think it's a lot of crapp'. Well, I laughed so much. He was not impressed.

SP: I'd like to have known what sort of poetry it was he was talking about.

JL: I can't think of any terrible situations because when you have been there so long you get to know what they liked and once they saw a familiar face there. Dr. was another one I scrubbed for.

Vascular surgery really got going with Sam [Mellick]. He sort of instigated it. He did lots of vascular surgery. He was very proud of the fact that he didn't wear glasses. There was something we went to a couple of years ago and Sam was there telling us he still wasn't wearing glasses.

I would say that my 17 years in theatre were quite rewarding. I left after 17 years and opened a shop.

SP: What sort of a shop?

JL: Boutique - women's clothes – across the road. I used to use the girls from theatre to act as models. I to make enough money, so I actually still had the shop going and I came back and did a year's orientation of the new staff up in theatre. I used to work here in the mornings and there in the afternoons. Then the day surgery was advertised so I applied for that position, so here I have been for the last 11 years.

SP: What does day surgery involve? Tell me about day surgery.

JL: Day surgery? We have got the best day surgery in Queensland. I've looked at a lot of day surgeries in Australia and I haven't seen one that functions better than ours does because it was just designed so well. We have a circular throughput and the patients come in one door and go around in a circle and go out the other door. We do lots of eye surgery, plastic, gynaecology and we have started doing microscopic and Most of the patients, except the microscopic go home 1.5 hours, after they are conscious. Although people were against day surgery in the beginning, I think we set quite a trend in this state. A lot of my staff I have had since the day we started, it's like a big family and quite pleasant to come to work.

SP: What is your official title there?

JL: Nurse Coordinator.

SP: It's mostly an administrative job?

JL: I don't do a lot of hands-on now, with computers and all the paper work, you don't get as much time to do that. I mostly fill in when there is a meeting.

SP: You had to become computer literate?

JL: I had to use computers.

SP: Did you get some training with that?

JL: Within the hospital. Enough to do what you have to do. I really think personally that PA has looked after its staff well. We are a bit upset at the moment with our budgets and we are looking at how we are going to get more patients through at a less cost.

I am very fortunate I have a Director who

SP: What would happen in a hospital like this if someone in your position said, 'Look we can't work any harder. We can't put more patients through here.'

JL: I can put more patients, through, but I can't at a lesser cost. For instance, just looking at our budget for the last 3 months and for the same 3 months last year we spent a certain amount of money on lenses. For the same 3 months this year it was that plus another \$17,000. Now if intermediate or public patients come to us, regardless if their pensioners (and most cataracts are pensioners), they get their lenses for free-which is what we have to pay for. So you think twice before offering a list to someone who wants to do eye surgery. I must admit

Dr. and I always look at the need to contain costs and so forth (and everyone is doing that), but I think the hospital has a much reduced budget this year and I think it will be difficult to get all those patients through

SP: Have you been attached to this hospital for years on and off with some time off.

JL: I have been here, maybe, about 32 years.

SP: Do you think it is fair to say that people who have been sick in Queensland have been well looked after by people who were overworked and not paid for overtime ?

JL: I can only speak about the nursing profession and I think the nursing profession in this day and age gets paid well. They can get paid for their overtime or they can take the time-in-lieu leave. The people on PCs like Level 3s we don't get paid overtime. We do it by choice if we want to.

I know with my staff, if I can offer them time-and-a-half-in-lieu of their overtime I will do that rather than pay them overtime. Most of them seem to be happy to do that. We occasionally get caught with patients not being picked up on time and surgeons running a bit over, but rather than cancel patients.

SP: Now I don't quite see how that works financially. You give them time-in-lieu instead of paying them overtime but when they are off on time in lieu do you have to have somebody else in there filling their jobs?

JL: I would only give it to them when it's convenient. I know when I am going to have a flat time. I only do it if they are agreeable I don't make them do it.

SP: Can they insist on being paid overtime?

JL: In the regulations they can.

SP: It seems in the early days that wasn't so?

JL: We didn't get overtime.

SP: Although almost everybody worked overtime. Right up to surgeons and from surgeons right down to

JL: I don't know about the medicos now – I think they still get paid overtime. But certainly when we were training we used to work a 44-hour week – an 88-hour fortnight and then do overtime on top of that.

SP: When we look at the period that you have known this hospital, have there ever been decisions made that you strongly disagreed with?

JL: Now all the work's gone with the

SP: They haven't been so bad you couldn't go in the

JL: Mind you, if I disagreed about something strongly I'd certainly

SP: When you were senior sister, for instance, who would you have spoken to? Would you have spoken to

JL: No

I never had a great need to I did what I thought was right which must have been right in most instances. I've got to be happy when I work, so I must have been happy to have been here as long as I have.

SP: You have also seen a great change in what one might call formality levels both in dress and in address?

JL: When I was training at the Royal, we had to clean the surgeon's shoes in theatre. We had to clean their theatre shoes. We used to have to stand with our hands behind our back and let the doctor go through the door before you. We had to stand up when they walked into the room. There was so much pomp and ceremony that you would have thought the surgeons were God themselves. That was what was right in those days and as for calling people by their Christian names. I have seen quite a change.

Technology is another big difference to surgery.

SP: What sort of technology?

JL: Well, actually, I was in theatre when they stopped using battery boxes for doing and things on neurology patients. Now we have fibre optic plugged into a life source. In those days, when I first started doing neurology, we had battery boxes which had batteries and in the middle of a procedure the battery could blow. So I was around when they were trying the different sorts of fibre optic that was going to be built into the hospital. That made a big change to surgery.

SP: Pre-packaged implements and pre-packaged and things.

JL: When we were up in theatre we used to have to go up at least half an hour earlier to get your instruments out now they are all pre-packed. It is a much nicer idea but different to us over in day surgery, because we do smaller type surgery and we don't have all our trays pre-packed. If we need our trays pre-packed, we've got to send them up to theatre and have them do it there.

SP: You mean send them up to theatre for sterilisation?

JL: The only sorts of sterilisers we have are and you can't put wrapped bundles into them.

SP: When do you think the formality levels started to change and the dress code?

JL: When you had the restructuring of the nursing profession and they brought all the extra into the hospital. I think that was the time the formalities changed.

SP: Can you put a year on that? Are we talking late 60s or early 70s?

JL: Ten years ago about the last 10 years. Certainly everywhere I go everybody calls me Joan, but prior to that it was always Mrs Leckie.

SP: And how do you address doctors now? Some of them you would use their christian names?

JL: Oh well, I don't do it in front of patients too often, but if it's like Dr. Gray, I call him all the time. Most of the doctors but of course I am one of the old birds around the place. I did notice one of the surgeons here, in the same sort of age group but a bit older than me, didn't like being called by his christian name in front of the patients. There again, he is one of the older fellows.

SP: What about when the uniforms stopped being starched and were drip dry and the veils went? Were you sorry about that?

JL: Actually no because we had starched our veils and that was a pain in the neck and then we got into paper veil. But really I don't think they were useful. They were useful from the point of view of patients distinguishing who you were, but from the they were a pain in the neck. But now I think it's very hard for patients to know who's who.

SP: Yes, it's a little difficult to know whether you are talking to a nurse or the cleaner. Under normal circumstances, does that matter very much? Well, if you ask the wardman a difficult question all he has to do is say, 'Look, I will go and get a nurse for you.'

JL: I don't think it makes that much difference. I know I can go and talk to our patients and I'm often in theatre gear although the rest of the staff aren't. I don't think it makes any difference. We all wear theatre gear which You know trousers and a top over. Our wardsmen sometimes wear the same colour. No, I don't think it makes that much difference.

I go back to when I was in theatre originally nurses used to wear different coloured theatre caps to the sisters, and then at one stage we all had names on our hats.

SP: It seems to me that there has been an informality address coming with the change in education to degrees and because the people coming in here who are in fact university students and not in.....

JL: I think it all started to change a few years ago when the girls were told they didn't have to wear stockings with their uniforms. Now I could no more come to work without stockings but then I'm old. Well I feel, well okay, it is a hot climate and so forth, but it just means you don't look terribly well dressed in a uniform.

SP: What have you got on now is it a blouse with blue and a little bit of red on it. Is that a Princess Alexandra shirt?

JL: Yes, it has PAH on it.

SP: Diamantina Health care Museum Association Inc on a blue shirt?

JL: It's got PAH on it but it's

SP: Middle management?

JL: See, I could easily come to work without a uniform because I change into theatre gear, but I decided to wear a uniform.

SP: You would have to launder that yourself?

JL: Yes.

SP: I would like to talk about the relationship between various levels of nurses. I hear terrible stories about the of matrons and block sisters in particular. What's your experience?

JL: A lot of my friends have been block sisters. I think it came from your age. You know when I was young I knew a couple of block sisters at the Royal that used to rant and rave and so forth. I'm sure if I had been older, I wouldn't thought of them as I had quite a few friends that had been block sisters and quite a few friends that had been very But then I am sure that is because I have been in the place a long time.

SP: Tell me what you know of say Shirley Kidd when she was matron here.

JL: I was just speaking of Shirley as I was In fact when we were younger people use to mistake us because I had dark hair in those days. I was quite friendly with Shirley and I thought she was great. She was around when my one interview was to be person in

charge of day surgery, and I think it might have been with Shirley. I'd say it was about 6 or 7 years ago Miss Springer made me go upstairs and act as an aid up in theatre for 12 months or so. Then I did get for another interview when the time ran out. But they have been, I think, the only 2 interviews in my life.

SP: Were they a learning experience or

JL: I think they were The next one was a bit small

SP: Were there other people that you were competing against for the job?

JL: With the aid one upstairs, yes.

SP: What about the one for the head of day surgery?

JL: Yes there were a few people who applied.

SP: Did you do all the preparation for the interview?

JL: Not for the day surgery one, no. I was in a shop at that stage and I didn't have much experience at it. Strangely enough there were a couple of people who did apply. I think I was luck. I think probably looking back it was an area that suited me Had I not opened a shop I probably wouldn't even have anticipated day surgery because you know if you like the adrenalin flow of things happening, day surgery

It is not until you are over there

and you have to coordinate from the time the patient arrives until they go, that you find it more interesting.

SP: Day surgery is over at 5.30pm at night or later?

JL: I've been the secretary of the day surgery now for 2 years – we call it the day surgery clinic.

SP: Is it.....

SP: How many day surgeries are there in Queensland?

JL: Quite a few – a lot of private ones. I wouldn't have any idea of the number. I know it must be close to 100.

SP: And day surgery means they are not admitted to the hospital?

JL: No not unless there is a problem and then we do have access to a bed. Of course, we only see patients who are well. We don't see patients who are sick.

SP: What about the social life here. Did you participate in that?

JL: I always participated in the social life. What do you mean?

SP: Christmas parties, parties, sporting activities, fund raising.

JL: Theatre always had a yearly Christmas party and that was the big social event of the year as far as theatre was concerned. There was a cocktail party on over in the new building about 9 months ago – I went to that.

SP: In the partly constructed building?

JL: Yes on the second floor. It was a great night fundraising I think. Anything that's on that I find

Sport well I don't play football or cricket but actually where our day surgery is was where our tennis courts used to be and I used to use those tennis courts a lot. We formed the first squash team from this hospital and we used to play fixtures over there, going back to the 50s and 60s.

SP: Where are the squash courts?

JL: At the back of the rec hall.

PA to me has always been a very to me and I can't say there have been many incidents where I have been terribly upset with it. Nothing that comes to mind.

SP: How many more years will you go on?

JL: Could be retiring next year. I will be 65.

SP: Do you have to retire?

JL: No, I don't. My husband died last year he died just before Christmas and I really don't know what I want to do. I do lots of things. I still play tennis and I play bridge and I have 10 grandchildren and I am not going to have enough money, but I have

I guess I will do something. I will have plenty to occupy me, I am sure.

SP: Where do you play bridge?

JL: At Queensland Contract Bridge Club, just down the road. I only have time to play once a week.

SP: I think that's not a bad place to stop. Thank you very much for your time.

Transcribed by: J.A. Deller **Date:** 25 October 1999

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This transcript has been checked by (Print Name)

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