



## Marie Dougan, RN: An Oral History

Nursing Career: Old Minneapolis General Hospital,  
Hennepin County Medical Center,  
And the Creation of the Nursing Float Pool and Roster Programs

at Hennepin County Medical Center

HENNEPIN MEDICAL HISTORY CENTER

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# Hennepin Medical History Center ORAL HISTORY PROJECT

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Interviewed by Mary Ellen Bennett, RN, MPH

September 27, 2023

At Hennepin County Medical Center, Minneapolis, Minnesota

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Direct quotations are based on recollection. The entire text has been edited for length and clarity. Portions of the text are redacted as noted due to privacy, confidentiality, or sensitivity of the content.

**Mary Ellen Bennett:** The following interview was conducted with Marie Dougan on behalf of the Hennepin Medical History Center for the History Center's oral history project. It took place on Wednesday, September 27th, 2023, at Hennepin Healthcare, and the interviewer is Mary Ellen Bennett. Marie, thank you so much for coming in today to talk to us about your history with Minneapolis General Hospital and Hennepin County Medical Center. Marie, can you tell us about your personal history where you grew up, went to college and nursing school?

**Marie Dougan:** I grew up in southern Minnesota near Mankato, and went to a very, very small high school with a graduating class of 13. I went away to college for a year and a half in Lincoln, NE and then I transferred to California for nursing school. I went to Loma Linda University for my nursing school. It was one of the first places that had a bachelor's program, and I decided I wanted a bachelor's if I was going to do it. I wanted to go and get a bachelor's degree, so that's why I went.

Bennett: What led you to Minneapolis General Hospital for your nursing career?

Dougan: Well, I had been doing clinic nursing part time and I decided I wanted to go back into the hospital to work. I discovered, as I was doing some phoning around to various hospitals, that Hennepin County [Minneapolis General at the time] was offering, where we could work three days a week, nine to three, no weekends, and they were giving us a refresher course. And that worked really well for me. We would be Float Nurses and that was fine. And so that's why I came. The interesting part is, that when I was interviewed, I was asked one question. I'll never forget that. Did I like the use of draw sheets? And I said yes and they hired me. [chuckling]

Bennett: Can you tell us about the first day that you worked?

Dougan: Well, I can tell you that it was rather a shock to me because it was an older hospital that had a lot of things that I wasn't quite used to. And I went home and I said to my husband, I'm never going back there. And he said to me, you may want to try one more day. And I was here thirty years.

Bennett: Thirty years, and we are so glad that you were.

Dougan: And I enjoyed the whole thirty years.

Bennett: What roles did you have working in the old hospital [Minneapolis General Hospital]?

Dougan: I came as a Float Nurse and I worked about a year doing that. And that was really good for me. And then, there was a position available in the nursing school. Again, because I had a degree, which doesn't mean anything now - but it did then, I interviewed and was hired for that. And so, I worked as a nursing instructor for about five and a half years and I helped close the school. Because then the three-year schools were going out, and this one was closing. I was one of the last instructors.<sup>1</sup>

Bennett: What did you do after that?

Dougan: I went to be the Supervisor of the orthopedic unit. And again, when I was interviewed, I wasn't really asked anything. They just looked at me kind of, they looked me over. And a few days later somebody asked me if I had been hired and I said 'no, I haven't heard anything.' And it was about 20

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<sup>1</sup> General Hospital School of Nursing operated from 1906-1972. It was a three-year diploma program. See end of this interview for a history of the nursing school.

minutes later that this person went to Marlyce Fredericks, who was the Director of the Ortho Unit at that point, and said that I hadn't heard anything. And she [Ms. Fredericks] came and hired me.

Bennett: So, there you were. That was in the old hospital?

Dougan: Yes.

Bennett: Did you carry that role over to the new hospital?

Dougan: Yes, I did. It was a bit shocking, because there were two wards [in the old hospital]. A men's ward and a women's ward. They had about 25 beds each. In the middle was the nursing station. And it was a tad bit chaotic because it was the only place where people had to congregate. So, it was very, very chaotic in that spot. But yeah, that's what I did.

Bennett: Can you describe a day or an experience that you had in the old hospital on those wards?

Dougan: Can I tell you about probably my most memorable and my most exciting one? It was a day, just an ordinary day, but there was lots going on and there was a gentleman that was supposed to go home. Had been supposedly going home for about 3 or 4 days and every day he would somehow spike a temperature and wouldn't go home. So, the doctors and I decided that we weren't going to tell him this day that he was going home. So, we walked in in the morning and said you are going home today, and he was very, very angry because he didn't have time to spike his temp. And so, he demanded that he have a phone call and there was only one phone available. It was out in this middle section. So, we transported him out to the middle section and he was on the phone yelling, very, very angry. And about the same time, there was only one television and it was in the same area, and there were some women from the women's ward that wanted to watch the television, and it wasn't working like they wanted it to. And they were yelling. Both wards were full, and it was very chaotic and noisy. And, in-walked the county commissioners, because they were looking at the units to determine if they thought that we really needed a new building. And so, they walked in and I thought, 'I am done. This is my last day. They'll never keep me after seeing all of this.' And as they walked out, they stayed for about 10 minutes and looked at everything. As they walked on, and this is all going on, Jane Phillips, the Nursing Director, was the last one. And she looked at me, and she clapped her hands and said, 'good job.' I sort of fell into a heap at that point. But it was what she wanted them to see. It was the chaos and the hardships that we were going through and how very difficult it was to nurse [be a nurse] in that kind of a situation and to bring anybody back into health again.

Bennett: Well, it sounds like they picked the right day to come in and see what was going on.

Dougan: It was pure happenstance. But yes, it was exactly the right day that they needed to see.

Bennett: The stars aligned and then the rest is history.

Can you describe the culture of the old General Hospital? By culture I mean, how the staff interacted with each other, the interactions with physicians and other departments, and the general overall feeling you had when you went to work.

Dougan: I think the staff was like a family. The staff interacted very, very well with each other, I felt. And everyone was concerned about everyone else and it was a really tight feeling. I think the

interaction with the physicians was also very good at times and there were times that were again, chaotic. And there were a few physicians that weren't quite as understanding of the situation that we were in. But they soon came to understand, and I think basically it was a very good feeling. The other departments the same way. I think we all worked together. We all knew that this was a difficult situation, physical situation, that we were in. And that we needed to stick together and we needed to work together to make it work.

Bennett: And sometimes the closeness brings out the best in people.

Dougan: Right, right.

Bennett: Do you have any other stories that you think are interesting, striking, or meaningful from the old hospital?

Dougan: I remember that we had these wards that were full. There are a couple of things I remember. First of all, it was in the days when femur fractures had to have traction. And so there were these beds, like 25 of them, that all had these weights on the end of the beds. And I remember the engineers coming up and checking to see if they thought that the structure would hold all of the weight that was on those beds, and the 25 people in the beds. So, I remember that. I could tell you lots of funny stories about the women's ward. But I think the one that sticks out in my mind was the morning I came to work and Mr. Kreykes,<sup>2</sup> who was the Hospital Administrator, was sitting on a bed. Well in the first place, all the women's beds were full. And so, when they [the wards] all filled up, we put them [beds with patients] down the aisle. And he was sitting right at the very beginning of that aisle, that was full. Sitting on this bed with this woman. It turned out that it was a friend of his who had to come into the hospital. I don't remember what was wrong. But anyway, she came in and she was really fearful of being here, and he came and sat with her. But that was a little frightening to me to see him sitting there. That's one of the stories.

I can remember when it would be really, really hot and there were no screens in the windows. Particularly at night it would get really difficult. And of course, there was no air conditioning. So, they would open the windows and then the bats would come in. I would come in the morning and I'd find the bat net out, and I knew that the bats had been in the wards for them, for the night.

Bennett: I can't imagine that. The windows are open totally with no screens.

Dougan: No screens.

Bennett: I had Respiratory Therapy clinicals in the old hospital, so I remember seeing those wards and my jaw-dropping open when I saw them.

Dougan: I remember also that I was in the elevator one day and there was a man in the elevator and he was going up, and he said he was 'going to M3E.' And I knew that he hadn't been there before, the way he talked, 'M3E.' So, I knew where he was going and I thought, oh this is going to be a shock. So, I started to talk to him and he told me that his sister was in the hospital to give a kidney to her brother, his brother. And so, he was going up to see her and I thought oh, he's not used to this. And so, I tried to describe it to him. I said, 'now you have to understand that there are these large wards. Everyone has

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<sup>2</sup> William Kreykes, Hospital Administrator in the Minneapolis General Hospital and served until 1977.

their little spot and they're curtained off.' I tried to prepare him the best I could. And so, we got off the elevator and I walked down there with him. And he got to the ward and he was standing in the doorway and he took one look, and his face just got ashen. And he goes, 'oh my God.' I'll never forget that because I thought he was going to faint. He just couldn't believe this, as much as I had tried to prepare him, it wasn't enough. I'll never forget.

Bennett: It's amazing that we provided that wonderful care to these people, and progressive care, even though the conditions weren't the best.

Dougan: Absolutely. And people were happy, they were satisfied, and they did get good care.

Bennett: They did. I remember feeling that way, that this was an exceptional place.

Can you tell us about the big move from the old General Hospital to HCMC or Hennepin County Medical Center?<sup>3</sup> And how was it to transition to the new place?

Dougan: Oh, that was hectic too. They hired these large vans to transport the patients. And of course, everybody that could be discharged was discharged. But there were patients that couldn't be discharged and so we had to transport them in those large vans. It was actually very well organized and I give all of the credit to the people who were on that committee or that group that that organized it, because it was very well organized. We were each given a time when our units would be transferred. I can't remember the numbers of patients that we had that day, but I remember that my patients went in the vans. Patty Carron, one of the staff nurses that had been there forever, and I stayed behind and we gathered up the belongings that we thought we needed over in the new facility. We took all the meds [medications] and the narcs [narcotic medications] with us. And I remember leaving. Patty had been there longer than I had, but it was still a very dramatic feeling, and she had a very hard time leaving. She found many excuses to look in little corners to see that she was going to get the last thing because she didn't want to leave. It felt really funny leaving there and knowing that we would not be back and then walking into the new facility. I was the Nursing Supervisor on the first weekend in the new facility. And it was wonderful. You know, everything was new, and it was so nice. It was just wonderful. But the worst part was that on Saturday morning, we became aware of the fact that nobody had restocked the supplies, like the wash basins and all of that. Nobody had restocked all of that. And so, we were all out. And I didn't know where to go even, because, you know, this was brand new. So, I got a one of the Nursing Assistants, one of the Fellows, because I thought he could help lift and carry. And we went down into the bowels of the building and opened doors and found where we were supposed to go and carried up supplies to all of the different units. And that was our orientation.

Bennett: Problem solving. [chuckles]

Dougan: Problem solving. There was no choice.

Bennett: Well, it must have been hard to leave what you felt was home and go to a new place. But once you got here, it must have been very satisfying to be in a place that was so modern and new.

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<sup>3</sup> In 1976, Hennepin County General Hospital moved to its new location between 6<sup>th</sup> Street and 8<sup>th</sup> Street, and between Park Ave and Chicago Ave. It became Hennepin County Medical Center.

Dougan: I always felt, and I don't mean to put it down, but I always felt that we weren't quite clean in the old place. And we were, I mean, the cleaning people worked really, really hard. And we all tried very hard to keep it clean. But because of the building itself, it just didn't feel that way. And walking into the new facility, it felt so clean and so modern and it was just shocking really. Because we worked in that old building, and I'd been there for almost 10 years. It was just part of life at that point.

Bennett: In the new Hennepin County Medical Center, you were a Nursing Supervisor on the ortho [orthopedics unit], and you also started the Float Pool Program. Can you tell us about your role in the development and leadership of the Float Pool?

Dougan: I had been in orthopedics about five years. The Nursing Supervisors on the floors were spending about three quarters of their time every day finding beds and places for people. People coming out of the operating room and people coming out of the ICU's. It was chaotic in that respect. And so, they wanted somebody that would take charge of that. I was struggling in ortho because of the lack of staffing and it was hard work. I finally decided that this would be something I could do and be kind of interesting and would be a change. So, I applied and I got the position. It started with bed control and that was fine, and then it morphed into the fact that I was working with staffing as well. And so, Jane Phillips, the Director of Nurses, got the idea that there should be a Float Pool. And so, she hired a nurse to be in the Float Pool. One nurse, and she was in charge of that nurse. Well, it finally came to the point where that was kind of a conflict of interest as far as she was concerned, and as far as we were concerned, it was difficult. So, I went to her one day and I said, 'Jane, why don't you let me take that part of it on and you don't have to do it anymore.' And she was glad to be rid of it. So, I became the Supervisor of the Float Pool. And it just it kind of went. It got bigger and bigger and grew all by itself. There was no definite amount of people that we wanted. And then finally it became a unit. Then we were identified as having so many people, X number of people in that unit. That's how it started.

And then, further down the line when there was a new Director of Nurses, Marion Adcock, we were using an awful lot of agency nurses and they're expensive. And not only that, but they don't have the camaraderie of the feeling of belonging. And so, we just felt that it was time we do something. And so, she called me in and she said, 'let's think about this. Let's do an agency within the hospital, but it'll be our own.' So, we sat down and we thought about it for a while. Then she said to me, 'why don't you go and write it up and write up the directions and all of the rules and so forth.' I did and then of course brought it back to her. And we went over it and fine-tuned it. That was called the Roster Program. The Roster Program was different than the Float Pool because these people had to work two weekend shifts a month and it had to be sometime between Friday night and Sunday night. And they were paid just an hourly wage, no benefits. But their hourly wage was more than the staff nurses, but they got no benefits. And we monitored those very carefully, that they kept the rules. And particularly the weekends, because frequently that would be a difficult thing. So, we monitored those very carefully and that worked, it grew. I don't even remember how many Roster Nurses we had. But we had a lot of Roster Nurses, which cut-back on our use of agency a lot and was much more financially satisfying. And they knew the hospital and they had a feeling of belonging. It was a much better situation.

Bennett: Well, that makes so much sense to have your own inside Float Pool that would be flexible to go where you needed it at on a daily basis.

Dougan: Eventually it was written up in one of the nursing magazines. Do you remember that? It was written up and put in one of the nursing magazines. And from that, one of the New England hospitals called us and wanted me, to come and explain to them what we had done. And so, I did. I spent a weekend over there with their management group and explained how we had developed this and what our parameters were and so forth.

Bennett: To have a group that knows the hospital, most of the units were laid out in a similar fashion so they could go in there and hit the ground running, instead of having somebody from the outside come in, made sense.

Dougan: Right. They would get to know the staff and it was really very successful.

Bennett: Well, thank you for that. In hindsight, can you describe how you feel about all the years you contributed your talents to the General Hospital and Hennepin County Medical Center?

Dougan: I really feel like for me personally, it was very fulfilling. It was an experience that I would not give up. It really was a wonderful experience. Hopefully my talents were worth something in developing the Float Pool and the Roster Program and working in the School of Nursing also. I closed out the school. There were three of us. We closed out the school and all of those people passed their Boards on the first try. I was very proud of that. I feel I guess, that I left my signature in some way here and that I appreciated the opportunity that I had to be here. And I appreciated the opportunity that was given to me by the people that were working here.

Bennett: Do you have anything else that you would like to share regarding your work at HCMC? Anything that you forgot to mention or you think is important?

Dougan: There are so many funny things that happened. I remember the day I was working house supervisor on a Saturday. And I got a call from one of the nurses on one of the floors who said, 'is somebody supposed to be taking the furniture out of the waiting room.' And I said, 'I don't think so.' So, I came over to see. Now this was in the new facility, so the furniture was comparatively new. And here were two men trying to carry out the furniture and they said that they were taking it for repair. And I said 'wait, hold it.' And I called Security of course, and they came up. And of course, what they were trying to do was to take the furniture, out of the facility. So that was interesting. One day I was driving down the street on my way home and I saw one of my patients in a wheelchair, my wheelchair, with an IV in his arm and a big bucket of supplies sitting on his lap, going down the street. Apparently, he decided he was going home. And we hadn't discharged him, but he was going home. Those were the interesting parts of life. We also had a patient that came from under the 3rd Ave bridge. That was his address. And he came in and we had quite a time with him because he didn't want anybody touching him, but we had to bathe him because he was filthy dirty. And when he came to go home, he didn't want to take clean clothes because he thought his were clean enough. So, we had to let him go home in those. I took him to the door when he went home, and he said to me 'goodbye, lady. I might see you tonight.' And I knew that he had developed some kind of a feeling for the staff and that he was lonely. And about six or eight months later, there was a thing on television asking for help in identifying somebody who lived under the 3rd Ave bridge in a box. Someone had set it on fire and he had burned, and they couldn't identify him. And I said to the Social Worker, we know who that is. And so, I called the police and they identified him, and that's who it was. So that was interesting. The other interesting thing is that we had a lady who came in with sores on her legs and she was a bag lady and had lived in the



park forever. She came in with maggots in those sores and it was just a mess. And so, we got her cleaned up and got her ready to go home finally, after quite a while. The doctor said, when she could walk to the desk in this ward (and she was the last bed in the ward), when she can walk to this desk, she can go home. Well, she had nowhere to go. She had a sister in town. She refused to go to the sisters. And the sister came and saw her and wanted to take her. She refused. We tried to put her in nursing home, she refused that. We tried everything we could think of, she refused. She was going back to the bushes. But the problem was, we had to have an address and we didn't know how to develop an address. So, the Social Worker and I sat down and we talked and talked. And finally, I said to him, 'ok, her address is, 5 Bushaway Rd.' Now that's an address out in Wayzata. And I said, 'and we're putting that down and she can go home.' And that's the address, but she never went there. Obviously, she went back to the bushes.

Bennett: Well, it's interesting to hear these stories and there's so many stories, every day there was a story. There was never a dull day working here. But I know the way the staff took care of the patients, did things for them that were above and beyond, is I think, one of the attributes of the culture here.

Dougan: Yeah, and that's what I'm saying, that I think the staff became like a family, and we worked together for the good of the patient. And I really felt that.

Bennett: There were some difficult situations. Very complicated.

Dougan: I remember another gentleman that came in from a fire and his clothes were put in a plastic bag in the ER. Then we had to have his wallet. These clothes were just reeking with this fire, the smoke and so forth. So, the Social Worker and I took the bag, put on all kinds of gowns and masks and went outside to retrieve the wallet from the bottom of the bag. And all those things ordinary hospitals wouldn't do.

Bennett: Your wonderful career has spanned some of the most interesting years in Hennepin County Medical Center, and you have made so many tremendous contributions to nursing and nursing care. I was a staff nurse in the Float Pool in the 1980s and you were my Supervisor. I count you as one of my favorite Supervisors and one of my best Supervisors. I enjoyed working with you, for you.

Dougan: I hired you into the Float Pool, didn't I?

Bennett: Yes, yes.

On behalf of Hennepin Medical History Center, I want to thank you for your years spent at The General and Hennepin County Medical Center and for all the many contributions you have made to the institution and the patients you have served.

Dougan: Thank you. I enjoyed it. There were days that were hard, but basically it was 30 years of fun.

## School of Nursing for City/General/HCMC

- 1893 Training School for Nurses opened with 1-1/2 years of training.
- 1898 Training extended to 2 years.
- 1903 Training became 3 years.
- 1909 U of Minnesota opened a School of Nursing; lectures were onsite at City Hospital.
- 1912 St. Barnabus and Eitel attended lectures.
- 1921 – 1947 Became Central School of Nursing with the merger of City Hospital, Charles T. Miller, Northern Pacific, with U of Minnesota.
- Mrytle Coe had trained at the Army Nursing School in the 1920s; she became one of the world's first clinical nursing instructors. Her salary at Minneapolis General Hospital was \$100 a month.
- 1947 General Hospital reestablished a three-year program.
- 1974 Hospital-based schools began closing and training was done on the campus of community colleges, with clinical experience at the hospitals.
- The 1980s and beyond, many student nurses from St. Catherine School of Nursing, the University of Minnesota, and Metropolitan Community College receive clinical experience at Hennepin County Medical Center.

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