

EUNICE BORSATO
Nee Perrault

**Lorrain School of Nursing, Pembroke General
Hospital,
Grey Sisters of the Immaculate Conception
Class of 1946**

Interviewed by Sister Marie McGirr
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EUNICE (PERRAULT) BORSATO

My full name is Mary Eunice Perrault Borsato, and Perrault was my maiden name. I was born at the Pembroke General Hospital in 1925. My home was in Sheenborough, Quebec across the Ottawa River from Pembroke, a small community with many Irish people. I went to high school there and was taught by the Sisters of St. Joseph. My parents had a farm, my father was a farmer, my mother was a teacher before she was married.

Any historical events at that time?

I remember the depression, our family along with many others in that area had a difficult time – money was very scarce and most of them at that time were small farmers. In the winter time I remember my dad had to work in the lumber camps and he would often have to draw the lumber by sleigh to Pembroke. In those years the winters seemed much colder than they are now. You would have to cross the Ottawa River and there was some danger there, but he would do this back and forth in one day. Those were very difficult times.

Do you remember anything about Health Care? Were there any nurses around?

No nurses around and we had no health insurance. It was in this particular place of Sheenborough at that time we didn't have a bridge to cross the river and if we were sick during the winter it was a real problem. Sometimes we had to risk our lives to cross the ice to get to Pembroke to see a doctor. I am sure that many doctors were not paid in those days, it was just too difficult, but no one was ever turned down. There was a hospital in Pembroke and it was operated by the Grey Nuns and nobody was refused care, but of course we had to be really sick before we would go to hospital. In fact usually you had to come in by stretcher or at least a wheel chair, you never walked in. A lot of home nursing.

Why did you decide to become a nurse?

I think particularly because what really brought it to my attention was my grandmother was a diabetic and many times she had to be taken to hospital and I would go. I would see the nurses there and immediately I thought, "I want to be a nurse." Of course my grandmother persuaded me to, she always insisted that I should be the nurse and I never regretted it. It was my goal to be that nurse and I never considered any other profession.

You said you trained at the Lorraine School of Nursing in Pembroke?

Yes, it was a small school and in my class there were only nine of us. Actually the Sister who was in charge of teaching wore many hats. She taught

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nearly all the subjects herself, she was suppose to be the Nursing Arts teacher but she taught us everything. She was marvelous and being a small community again in Pembroke the Sisters took an individual interest in all of us. They knew our families and it was really marvelous. I lived in residence and I enjoyed that very much. The rules were fairly strict, you had to be in at a certain hour and Sister was usually waiting for us when we came in. Socially there wasn't much for us to do because Pembroke being such a small community, except maybe go to a movies. I think our main source of life was gathering in the rooms of our classmates. We discussed the events of the day - the good with the bad - and we really enjoyed that and going to a movie.

Did you affiliate at any other hospital?

Yes, we affiliated at the Ottawa General, we took dietetics there and then we went to Children's Hospital in Montreal for Pediatrics. Psychiatry was optional - some of the girls went to Kingston, Ontario but I didn't choose to take Psychiatry.

Were there many doctors on staff at that time?

Yes, there were I would presume probably 15 and surgery. We didn't have any specialists but they had surgery and obstetrics and of course medicine. Our referrals would go to Ottawa.

Are you still in contact with any of your classmates?

Yes, I keep very close contact with my classmates especially three that came from Sheenborough and actually are distantly related cousins. I see them quite often, most of them are still residing in Pembroke. They came up to my retirement party, one of the girls was dressed just like the Sisters used to dress in the habit and the rosary and everything. She was the first one that met me at the door, I was so astonished that I couldn't even think of her name. She was really, besides that, representing one of the sisters; Sister Evangeline, Director of Arts [nursing arts?] and could she ever imitate her. All the Sisters here thought she was a real Sister and she really was well treated.

Tell me, you trained in a Catholic Hospital and there were Sisters around - what sort of values did you receive from that training do you think?

I think it was wonderful in many aspects because being a small community and a small hospital again I feel that the Sisters really took a special interest. If they saw any sign of weakness, they were there to help us and they stressed the religious factor. We had to get up about 6:00 in the morning and mass was at 6:30 am and we were expected to go to church. I think they taught us so much about punctuality and responsibility and - I will never forget there are many things not only from the nursing aspect but from our social life and how to behave and what they expected from us. It was a nourishing environment and we know what they expected and we felt that it was necessary and felt that our education was a good

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one. I think that hospitals in this day and age have lost out a lot in not having a school of nursing.

What was your first job after graduation?

My first job was at the General Hospital in Pembroke. I worked as a staff nurse in maternity and I worked there for a few years and then later I moved to Ottawa and I did private duty there. That was very common – I got steady work. You joined a registry and they would call and the cases I had were mostly at hospital. Some of the girls were called to homes but I was mostly going to the General or to the Civic and it was good experience. You got to know the larger hospitals and how they functioned. I met some very nice people/families so I stayed in Ottawa for a year.

Then I was undecided what I should do and I heard about this new hospital in Sudbury, Ontario that had an opening and I sort of thought I would like to come to Sudbury. I had an uncle that lived here and I had another graduate from Pembroke Hospital who was on staff here so I came here in October, 1951. At that time the hospital was one year old and I had made an appointment with Sister Sheila who was the Director of the School and the Director of Nursing Service and she had a job for me. In fact, she wanted me to start that very afternoon and I convinced her to wait until the next afternoon. So I started on 2 main, surgery. In those days there was no orientation - Sister brought me up to the floor and Sister introduced me to the head nurse who was Miss O'Shaughnessy. About an hour after duty I realized I was the only R.N. on the unit. I must have been brave in those days - I didn't know a patient from a doctor and I didn't know east or west for the room numbers. There were two telephones there and I didn't know which phone, apparently one phone was for outside and the other was the inside phone. Luckily I had some wonderful student nurses. There were two students nurses on there who were really terrific. They were third year students and they were excellent. We had a few in those days who were nursing aids, not RNA's, but Nursing Aids. I will always remember the first doctor that came to the floor - I guess he felt that I looked lost and he introduced himself, Dr. Wilson, and it was a real experience. I didn't seem to get discouraged - people were very good to help and show you around and it was very busy. If it happened that we didn't have any beds [empty] often they would put patients in the recovery room. The recovery room was located where the intensive care is now, and it was a fair size. It would easily accept about 12 patients but we wouldn't get that number but we might get three or four on a shift when we didn't have a bed. I was certainly very grateful to the students nurses they were excellent and a lot was expected of them.

I was about one year on staff and then Nell White, who was Collins at that time, was the Assistant Head Nurse and she left to get married and I replaced her on Surgery. I was working with Miss O'Shaughnessy, the head nurse, and stayed there for about one year.

Then it was decided apparently that they would open a gynecology unit.

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Mind you, I was never told it was going to be gynecology - I assumed it was going to be surgery. But anyhow I accepted the job and at that time it was on the 7th floor, now it's on the 5th floor. And 19 beds were opened which was half of the area, the other half was occupied by student nurses and I had no special knowledge of gynecology at all, In the hospital we did not have a gynecologist and I was taught by a Sister and truthfully my knowledge of gynecology! Poor Sister would say open your anatomy on page such and such and read the part on gynecology in the confines of [your?] room and if you have any questions come to my office and I will explain it to you. That was my knowledge of gynecology and I was going to be the head nurse!

But when I met the gynecologists, they were terrific. I will never forget them - I owe them so much. They were such wonderful teachers, really exceptional people I think. The first chief of gynecology was Dr. Kyle and he was wonderful. At first I was really scared because he was such a big man, tall and big man and had huge hands but he was very gentle and very nice. Then there was Dr Bruce Lockhart - I have a lot to appreciate. He was a wonderful teacher. Again, he expected an awful a lot of nurses, and he didn't have to say a cross word. But if you didn't know the answer you felt like you should go through the floor. Once I got to know him, and could ask questions or say I didn't know, he was really terrific - not only from the medical point of view but in other ways. And when I found it difficult in making certain decisions or something, he would say to me, "Lass, what does your common sense tell you? Always follow your common sense and you will never go wrong." I think that was a wonderful statement and I have applied that in my life and my marriage and I think that is really wonderful. Then we had Dr. Edington who was another terrific teacher - really, really a good teacher. I told him recently, "When I think of you Dr. Edington I think of intakes and outputs" - that was the thing in those days. But all in all, I think those were the doctors. Dr. P. J. Fell of course, he was with Inco [International Nickel Co of Canada] at that time - he wasn't married and he was handsome and well known. He was from Copper Cliff and all the students nurses knew him. When he would come to the floor sometimes I would think maybe we are going to have a work stoppage because we have this handsome doctor. He was very meek and mild and always helpful. We could, matter of fact, ask any of them if we ever had a problem - we knew we could always go to them.

So your experience with the medical staff was very positive?

It was very, very positive. I found the doctors took interest in nurses and maybe the fact to that we had students around, that came naturally. They used to give lectures to the students and often ahead of time if available, I would listen in on it and it was really good. They had an interest in the hospital in general, very much so, and they always stood by administration and they were I felt exceptional.

So you had to face many challenges?

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You would say that I had to learn on the job sort of thing but it was very interesting and every day I would learn something and I enjoyed it.

Did you stay on Gyn for the rest of your time?

For about 15 years I was there and then I went to Nursing Service - I was a Day Coordinator/Supervisor. That gave me another completely different outlook on the whole hospital, the administration part of it. I met many other doctors from other specialties and it gave me a real good birds-eye view of not only the nursing units but all the other specialties. You were involved with pharmacy and medical records and admitting and many other staff members. I found that there was wonderful team work - everyone more or less knew everyone. It was entirely a different job but again a real learning experience.

I was sort of a problem solver or tried to solve many problems which could be very difficult at times. We talk now about shortage of beds but we had shortage of beds in those times and the same problem in emergency with the line up of patients. We had those problems too and my job was to find a bed, approach the doctors, ask them if they could possibly discharge someone and go up to the units and try to hurry the staff to get the beds made in order to occupy these. I tried to do everything that I could so that to sort of have peace and not have the patients in distress lying on stretchers. It was a great supervisory role, a lot of your job was this type of thing - trying to keep people happy and keep things sort of cool and things moving. Staff were in distress and sometimes it is difficult and they need help and to know that at least someone is trying to help.

So you were doing that probably in the 1970's and 1980's?

Yes, so the new addition to the hospital - I just can't remember when was that? I don't remember, but it was a rather extensive addition, wasn't it? *So the role would expand?* It really expanded, yes. The first addition was two wings sort of thing and three wing maternity and then there was the merge [emergency?] and then there was four A Medicine and later came special surgery. That was a completely new unit there. Then of course through the years in the beginning we didn't have intensive care or coronary care and that was another addition and we lost pediatrics of course. It went to the Laurentian but we still had obstetrics.

Over 34 years of experience how did you see things changing?

Well, I could see that the hospital was getting bigger and we had larger staff. I found that there wasn't as much togetherness, not as much team work, but many things did improve. It was wonderful to have an intensive care when we had critically ill patients. Nurses too over the years became much more technically orientated and they had much for theory than we had. They were excellent. The coronary care was the same and that was very helpful. I could see that nurses needed to have a wider variety of education in many aspects - not only in nursing

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but education in general was really important. I could see myself, where my weak points were, because in the early days we had mostly practical training we didn't have theory. But on the other hand, I felt there were certain things that probably nurses lost during that. I found that the hands-on-care was lacking or, with so much equipment, they had to keep track of these machines and all the intravenous with so many medications added. They had to be very careful of the drops and sometimes I felt that maybe they forgot that there was actually a human being there in that bed. Being from the old school, when you would walk in and see some of those poor patients and you felt that, "really should they be having those machines?" You know to me they were just a matter of time and they would be so uncomfortable with tubes in their mouth and nose. The nurses would sometimes forget to moisten their lips and their tongue and turn them. These things I thought were important, but the technical part sort of took over. Certainly there were a lot of advancements, very good things that helped patients.

Were there organizations within the hospital or outside the hospital that you belonged to? No not really.

You got married part way through your career?

I was married in 1963 and then I worked until October, 1985, not having a family I did not feel that it made any difference. I didn't have any hobbies, so I still enjoyed the nursing and tried to put everything I had into the profession. I really enjoyed it and I looked forward to going to work.

Since you retired what are your interests?

Well now the first few years that I was retired it was really a bit difficult - then I always kept in touch with the people from the hospital. I don't have any hobbies but it hasn't been too difficult. We travel a fair amount and we do Meals-on-Wheels which I like very much, usually twice a month - sometimes we are called in between. My husband is occupied with a fair number of things in the community - he is involved with meetings and belongs to the Caruso Club and he was one of the founders of Casabella, Senior Citizen Home and he is very attached to that. That means a meeting every month. Then he belongs to Credit Unions. We have a lot in common - we like to travel and I have more time to do housework and my health in good. I had a few let-downs, I had a mastectomy in 1990 but I have been good so far, thank God. And then I had unfortunately a bad fall in 1995, I fractured my ankle very badly and I was laid up for about one year. But it gave me a chance to sort of assess nursing care in the 1990s. I am in good health now. I was in the hospital for about one week, I had a pin put in my ankle and it stayed in there for three months, and then I had a cast put on for three months. Thank God I have a good husband, because I was in a wheel chair there for a while and I was at the Laurentian Hospital. That was the first time that I had a doctor that I had never met or knew before. I always remember when it

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happened I went up to the General and I met a very nice doctor there but he said, "We will have to send you to the Laurentian Hospital, the doctor on call is Dr. Cisa." And I didn't know Dr. Cisa so I asked, "Is he any good" and of course he says yes, so off to the Laurentian Hospital I go and I was taken care of by Dr. Cisa.

Suppose Eunice you had a chance to talk to students graduating today, is there anything you would like to say or advice to give?

I would certainly say that I think they should not forget about the hands-on care and try to certainly have compassion for people. I know nurses can get burnt out and we have less staff and many other things, but always remember the patient is there - we need compassion - and don't be overcome by other things because that is very, very important. The other thing I think for a nurse now-a-days that probably they should not work too long in any unit. I think it is marvelous when you have experience in many areas, it is wonderful, if you are asked to say that you are an emergency nurse and you are asked to go to work on medicine and if you have experience in that it is wonderful and it will be a real asset for you to have all those experiences. It is nice to have a specialty, but it is also nice to have experience in other areas. I think that is going to be much more important for a nurse now and in the future.

Thank you very much.

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