Interviewee: Margaret (Peg) Rauschenberger
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Interviewer: Charitie V. Hyman
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Summary of Interview: Peg Rauschenberger, from Milwaukee, WI, talks about her early experience as an activist for peace and women's rights in the 1970s and how this interest eventually brought her into nursing. She talks about working in home health and cardiology before moving to psychiatric nursing. She describes some of the barriers for patients with mental health needs such as stigma, unconscious bias, and insurance. While she teaches nursing students at Alverno College, an all-women's college in Wisconsin, she continues to work in nursing providing psychiatric services within the corrections and detention system.

| **Time** | **Content Description** |
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| 0.00.00 | Introduction |
| 0.00.22 | She is from Milwaukee, WI, but lived in various states/cities before returning to the city and beginning her nursing career in Milwaukee. She went to Alverno College as an undergraduate and then on to Marquette University for graduate school. |
| 0.01.10 | She didn't have any specific memory of deciding to go into nursing, "It wasn't something I aspired to growing up." She liked science and math in school. Grew up in the 1960s, "It was a different time then. At that point, a career wasn't my ultimate goal. It was much more, at the time what I thought was altruistic, war protesting, women's rights, things like that. So, I did travel around a lot doing protests in Washington, in New York, and Chicago, and even here in Milwaukee, of course. I wasn't thinking about, 'Oh, I want to be a nurse.' I was thinking about changing the world [laughs] and peace and love and all of that and women's rights. I'm making light-hearted of it, but it was very serious to me. Some of that has carried through into my career, that social justice commitment. So, when we talk more about how I got into mental health, I think there is a big piece of that." |
| 0.02.54 | She got married and had taken a few college courses but didn't focus on a degree. She had a child and decided she wanted more out of her life. Went to a workshop at Alverno for women thinking about going back to school, Alverno is an all-women's college. This was in the '70s and sisters at college were "very progressive and feminist." |
| 0.03.50 | She decided on nursing because it incorporated science, which she liked, but "it also was helping those vulnerable people. It was a perfect fit." She completed nursing school at Alverno as an older student; she immediately started taking courses for graduate degree. |
| 0.04.23 | "I always tell people that starting out as a nurse, I tell my students this, I never applied for a job. It was all the networking. Someone you know—there's a place here, that's doing this, and I might be interested. As a nurse, honestly, I have never gone somewhere and said, 'I want to work for you' and filled out an application." Describes that as being a little unusual. |

0.05.14 "I didn't set out to become a mental health nurse." She had a formative experience in home care; she liked going into people's homes to provide care; "Someplace where they had the power. Even though, as nurses, we try not to think that we have power. We want to empower our patients, but any time you're in a hospital, you're sort of at the mercy of the institution, and I loved going into people's homes and letting them create the healing environment." A bit part of it for her was building "psych-social relationships," therapeutic relationships.

0.06.31 She then had a friend who introduced her to acute care, ICU {intensive care unit}; she told Peg it was "exciting and fun" and she was interested in getting hospital experience, so she became a cardiac care nurse and did that for quite a while. She enjoyed heart care.

0.07.36 "I really liked helping people to deal with the emotional ramifications of a diagnosis. She became a good teacher on how to live with illness, how it affects the person and their family. Then a home care colleague reached out to her who was the director of nursing at a psychiatric hospital. This colleague had said, 'I know you understand about care delivery models and we need some help here, so could you come work for me revamping how care is delivered at the hospital.'

0.08.42 She explains what "care delivery model" means. In psychiatric hospitals, a lot of the care delivery was designed by social workers, psychologists. Hospitals are regulated by the Joint Commission, which stipulates that nurses should manage and facilitate the care of the patients. "They'd probably fall over dead that I said it like that"—she states she is oversimplifying. Agreed to help transition this psychiatric hospital where her friend worked because at the time nurses there only gave medications.

0:10:06 She left ICU to work at the psychiatric hospital, "Not thinking that I would get so hooked on the mental health care." She stayed working there for a while. She learned more than she had during education "about the vulnerability of people with mental illness, about their needs, about the lack of resources, about the lack of access, about all the issues. I may have known it intellectually, but it became so real to me, about what they were all dealing with. And then one on one with patients personally, how the mental health, how the stigma, how all of that affected them every moment of their lives. It was very hard to escape that for so many of them."

0.11.27 She moved up the ranks and became Vice Presidents of the hospital in charge of all patient care services. She created various programs, including a geriatric psychiatric unit. It was a faith-based hospital in Milwaukee. There was a unit for clergy who were sexual abusers, which was difficult for them to set up. Things were changing in psychiatric care at this time.

0.12.38 "When I first started, someone in an eating disorder unit, for instance, would be there for three months … It became 'who is going to pay for that.'" Hospitals stays then became shorter. The hospital she was at was having a hard financial time and it was sold to a bigger hospital system.

0.13.39 Charitie asks about differences between nursing in the home versus in the hospital.

0.14.02 In the home, nurses really developed relationships with those patients because they might be going twice a week for months. The nurses also develop close

relationships with the families and learn about their lives. The ICU was very different; nurses try to establish the same relationships but "in a snapshot of time." She learned to balance medical and therapeutic needs. "It called on some different personal skills and interaction style skills." In the psychiatric hospital, the stays were a bit longer than ICU, so had more time to develop those relationships. "When dealing with mental health issues, you don't have all your machines and laboratory tests and all of those things to rely on to help you understand what is happening inside someone. I'm not judging your potassium level … It's much more of a pure interaction kind of relationship. It is establishing that relationship that will help you get to the ultimate patient outcome that you are aiming for."

0.16.35 She felt that psychiatric care was similar to some of the things in home care. In the ICU, things could be instantaneous, dealing with life or death. There was a slower pace on the psychiatric unit. She found the child unit to be the most difficult where they could be very young and horribly abused. She found it hard to maintain professional boundaries especially as a mother. It was very emotional. She liked the teenagers; they are so difficult, but so are normal teenagers.

0.18.52 The hospital got sold and then she moved on to be the administrator of a home care agency that did mental health home care. Reimbursement (from insurance) was a big part of that job. She states that normally health insurance does not cover home care for mental health, because they are not home bound in the typical sense. Medicaid had a special program through the state to help keep these patients out of the hospital because it was cheaper in the long run. These were chronically and severally mentally ill. She set up medications, set up appointments, took them to appointments. Briefly, the program also did care for the homeless. There was some Medicare fraud and Peg quit.

0.21.42 She became friends with a woman who told her about the Milwaukee County Juvenile Detention Center—adolescent jail (not the mental health complex). The program did not have mental health services for inmates who are aged 10-17. This woman told Peg about grant to provide mental health services; they wrote the grant together. This was around 1992. They got the money and decided to provide psychiatric nursing services rather than other mental health professions, "because of the holistic view of nursing and the ability to monitor medication management, the understanding of the actions of meds, and all of that."

0.24.14 She describes the program and insurance administration of adolescent programs in the jail system, and how medications are covered or not covered. The parents bring the inmates' medications if there was a prescription, but the program couldn't get new medications ordered (only if parents even had insurance). There were often issues with contacting parents and getting them to bring the medications related to socio-economic factors.

0.26.37 The grant was renewed for several years; then the county contracted services for the facility. Peg still works there despite also being a full-time faculty member at Alverno College. Nurses provide 80 hours of care to the youth (per week). Nurses provide the only mental health services there still. She talks about how policy and government can "truly affect health, especially mental health since it still isn't looked on the same as if you were diabetic. They are both health issues."

0.28.31 Charitie asks about stigma. “Do you think that [stigma] affects nurses?” “I think it affects healthcare in general. I think the nurses who go into mental health go in because they understand that and want to change that. Nurses who go into mental health are very dedicated to this … Well, nurses in general, I must say … Mental health nurses really understand the battles that these folks face internally and externally.” Stigma affects other people in healthcare, emergency room for instance. Someone with a heart attack versus being suicidal gets treated differently. They have “unconscious bias toward people like alcoholics, drug addicts, people who frequent emergency rooms because of their mental illness.”

0.31.00 Also, she can understand some of the issues that affect staff in the emergency room, can see if from both perspectives. There are issues of access and admissions; patients might not be able to get an appointment in mental health for 6 months. “That’s where the whole social justice commitment on my part gets irate, but then how many physicians want to be psychiatrists? There’s a shortage.” Peg started a psychiatric nurse practitioner program at Alverno. When it started, there were only about 16 psych NPs in whole state. “We truly believe that nurses have a more holistic view of patients than maybe some other professions. That’s not a criticism, it’s just that nursing education is different from medical education.”

0.33.20 “Nursing is an art and a science. You really have to know all your science, you have to know your medical stuff, but there is so much more to being a nurse. That art of becoming that trusted person.” Nurses spend more time at patients’ sides, especially in hospital settings. Human connections are very important to nurses and especially in mental health, “because that is the only tool you have.”

0.34.42 “I’ve always been a person who connects to people.” This skill has helped her as a nurse and in leadership roles. At the same time, Alverno College is ability-based; it is ungraded. It is not pass/fail, the school has many criteria to be met—in this way, the students can learn some of those skills about connecting to people. She had innate ability, but also various models theory, and training from Alverno. She talks about communicating empathy, as opposed to sympathy or pity, to patients.

0.37.40 When she teaches mental health nursing, she emphasizes to students how frightened some patients may be from paranoia or delusions; these thoughts are very real to those patients. “You need to exhibit some real empathy for what they’re going through.”

0.38.30 Charitie asks her if she has any specific memories or stories that brought that idea of empathy home to her.

0.38.42 She talks about one particular patient she worked with in home care for the mentally ill. Describes changes in institutionalization, communities weren’t ready to care for these patients and they were in “inner city rooming houses.” The man she remembers was scared, was paranoid, but was also in bad circumstances. “I could see in him the physical fear. It was just pouring off him. How do you even approach and sooth when you’re going to walk away in an hour and leave him?” Describes how she tried to communicate with him and help him. “No human being should feel that way.”

0.42.16 “When you’ve been a nurse for a long time, especially if you stay in one environment, sometimes you get a little rote in what you do. And maybe you

don't always believe what the patient tells you. That's not to say, patients do lie to you … They're trying to get their needs met … but what I take away is that until I have reason not to, I am going to believe everything they tell me about how they're feeling, about what physically they're feeling, what emotionally they're feeling, what's going around on them … I think they can feel that. I validate … I don't see the bugs crawling on the wall, but I absolutely believe that you do." "That empathy, I just can't let it get stale."

0.44.24 Can get jaded when working in corrections, in the jail. She talks more about the detention center and community support programs to assist people and programs that try to work with both teens and their families in the Milwaukee area. Peg describes a series of news articles written by a journalist, how mental health affects family members. Educating the family on what is or is not their responsibility.

0.46.44 She talks about stereotypes of the field, people asking if the job is scary. "It's not as scary as people assume it is." The locks unit are usually for the patients' own safety, not because they are out to hurt people. She talks more about stigma, "That whole public perception that just because you are different you are scary." Charitie asks how Peg educates students about stigma. "They like to think they're open-minded. It's our job … each and every one of us have biases about all sorts of things, that's just human. It's identifying 'why did that make me feel uncomfortable?' and doing some self-assessment … Not everyone is cut out to be a mental health nurse … You have to identify where you can be most effective. But what I tell students, no matter where you work, you are going to run into people with mental health issues. They have heart attacks, they go to clinics, so how can you learn your best interaction styles and assessment skills to figure out if they need instant help or not." Talks more about students and some of their initial reactions to acute care mental health patients.

0.49.53 She doesn't do hands-on mentoring anymore, she is more involved in administration, but does visit all the sites. "I like to see the students in action."

0.50.11 After she worked at the detention center for a while, a friend of hers asked her to start teaching. She became more interested in building, not her own career, but the future of care. Interested in mentoring programs that will meet the needs of local and global communities. She's taught at Alverno for 22 years, but initially didn't think she would be teaching long-term. She always had other nursing jobs. "The passion is for nursing in general, but if you were going to ask, what is the population that lives in my heart, it is the mentally ill. I never set out to do that, I just happened upon it."

0.52.30 She talks a bit about retirement and continuing to work in the field, working with the patients directly. She describes how her relationship with adolescents has changed as she's grown older.

0.54.10 "We are not where we need to be yet." [pounds on desk as she says this] This is what motivates her to stay in the field. She is certified to do jailor education; interested in getting more people engaged in treatment rather than apathetic to the mentally ill. "I can continue to be a voice for better access, better services, more resources, changing community attitudes." Social justice.

0.55.59 What advice would she give to students? “Don’t hesitate to take risks, ever.” Specifically, for mental health, her advice is “We need you. We need people who have that passion.” But go in for the right reasons, maybe not just because you are looking for answers to your own needs. “Overall, go for it! It is the most rewarding when you see someone coming out the other side. It’s almost more rewarding than seeing someone recovering from a heart attack because the struggle is so huge, so the reward, as a nurse, if you have any part in that, you can go home and go ‘I had a great day!’”

0.58.18 Describes one patient in particular who she had that experience with (of recovery). Worked with a patient who was so mentally ill that she thought he would die, even though there was nothing physically wrong, he was “so deep into his mental illness.” She describes sitting by his bed and talking to him, reassuring him. Weeks later, he began to recover, “He said to me, ‘I can still hear your voice.’” “It was just that constant connection of my voice, being soothing” [she lowers her voice]. Human and personal connections with people.

1.00.40 Starting to wrap up the interview. “It’s such an inexact science … that maybe sometimes the rewards seem greater than being able to read an EKG. I wish there were more nurses who really enjoyed it. I think they need to open their horizons and try.” She talks a bit about nursing environments and why nurses might not want to work in a particular place; for example, lack of funding, lack of staffing. She describes issues that come from being understaffed. Some other issues may be insurance and length of stays (that have become shorter over time).

1.04.20 Any last advice? “Get active! … Nurses need to find their voice. The AMA [for doctors] has a voice, but why aren’t nurses more organized, she asks, to influence communities, policy, governments, etc. [hitting the desk for emphasis]. “Nurses need to look on this not just as a job, it’s a profession. If we are going to have our profession help change the health of our communities, we have to find our voice.” Talks about how nurses can make change in their own hospital, job location. “You gotta start from where you are … You can be a leader no matter what your role … You have to be able to empower yourself to try to make whatever change that you can.” Be an advocate for patients.

1.07.10 Wrapping up interview. [End: 1.07.28]