

## **Joyce Alt, RN, MS**

### **Interview #94**

#### **Interview Session One: May 29, 2018**

##### **About transcription, the transcript, and the views expressed**

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards).

The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [ ].

The Archives may have redacted portions of the transcript and audio file in compliance with HIPAA and/or interview subject requests.

The views expressed in this interview are solely the perspective of the interview subject. They are not to be interpreted as the official view of any other individual or of The University of Texas MD Anderson Cancer Center.

## **Chapter 00A**

### ***Interview Identifier***

***T. A. Rosolowski, PhD***

[00:00:01]

And our counter is moving, always a good sign. All right. Today is May 29, 2018, and we were just mentioning, oh my gosh, can't believe it's almost June. I am Tacey Ann Rosolowski and today I'm in Houston, Texas, and I am interviewing Joyce Alt for the Making Cancer History Voices Oral History Project, run by the Research Medical Library at MD Anderson Cancer Center in Houston, Texas. Now, Ms. Alt came to MD Anderson in 1965, and you were hired as a Head Nurse, is that correct?

[00:00:35]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***Joyce Alt, RN, MS***

[00:00:36]

Yes.

[00:00:36]

***T. A. Rosolowski, PhD***

[00:00:36]

All right. In the Postoperative Care Unit at MD Anderson Hospital. And then in 1978, you were appointed to the Director of Nursing, and that's really exciting and I'm delighted that we're going to be talking to you about that. You retired from the institution and it was as Dr. LeMaistre [oral history interview] was transitioning over to Dr. Mendelsohn, [oral history interview] so in 1995, 1996, around that time.

[00:01:02]

***Joyce Alt, RN, MS***

[00:01:02]

Yeah.

[00:01:02]

***T. A. Rosolowski, PhD***

[00:00:04]

So, let's see, I just want to note the time. It is about 1:16, and I want to thank you for making time for this. I appreciate the investment.

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

## **Chapter 01: An Early Commitment to a Career in Nursing** **A: Educational Path;**

Codes

A: Personal Background;

A: Character, Values, Beliefs, Talents;

A: Personal Background;

A: Inspirations to Practice Science/Medicine;

A: Influences from People and Life Experiences;

A: Faith;

***T. A. Rosolowski, PhD***

[00:01:15]

So, let me start in the traditional place for an oral history interview, and let me ask you where you were born and when, and tell me a little bit about your family.

[00:01:28]

***Joyce Alt, RN, MS***

[00:01:30]

I'm sorry, I'm just a little hoarse.

[00:01:31]

***T. A. Rosolowski, PhD***

[00:01:31]

That's all right.

[00:01:31]

***Joyce Alt, RN, MS***

[00:01:32]

I was born in Alta Vista, Iowa.

[00:01:35]

***T. A. Rosolowski, PhD***

[00:01:35]

Alta Vista?

[00:01:36]

***Joyce Alt, RN, MS***

[00:01:36]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

Mm-hmm.

[00:01:36]

***T. A. Rosolowski, PhD***

[00:01:37]

Okay.

[00:01:37]

***Joyce Alt, RN, MS***

[00:01:39]

I was daughter of a schoolteacher and a merchant and had one sister, who is now living in Fort Worth. I grew up in a very, very small town, went to a very small school and I learned a lot about life there.

[00:02:03]

***T. A. Rosolowski, PhD***

[00:02:03]

Did you?

[00:02:04]

***Joyce Alt, RN, MS***

[00:02:04]

Appreciating it.

[00:02:05]

***T. A. Rosolowski, PhD***

[00:02:05]

Why do you say that? What was it that gave you that appreciation?

[00:02:09]

***Joyce Alt, RN, MS***

[00:02:10]

Well, people were thankful for rain, friends, neighbors, and went out of their way to help one another, and that was just something you grew up with.

[00:02:23]

***T. A. Rosolowski, PhD***

[00:02:23]

How small is small?

[00:02:24]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:02:25]

About three hundred.

[00:02:26]

**T. A. Rosolowski, PhD**

[00:02:26]

Oh wow, very small, okay. So a very tight-knit community.

[00:02:30]

**Joyce Alt, RN, MS**

[00:02:31]

It was a farming community.

[00:02:32]

**T. A. Rosolowski, PhD**

[00:02:33]

A farming community, okay. Now what were your parents' names?

[00:02:35]

**Joyce Alt, RN, MS**

[00:02:35]

Herman and Aletha, A-L-E-T-H-A, Alt.

[00:02:39]

**T. A. Rosolowski, PhD**

[00:02:40]

And your sister's name?

[00:02:42]

**Joyce Alt, RN, MS**

[00:02:42]

Janice Blum, B-L-U-M.

[00:02:45]

**T. A. Rosolowski, PhD**

[00:02:45]

And is that J-A-N-I-C-E?

[00:02:47]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:02:48]

Yes.

[00:02:48]

**T. A. Rosolowski, PhD**

[00:02:48]

Okay, all right. So, tell me a little bit about the educational experience in such a tiny town.

[00:02:57]

**Joyce Alt, RN, MS**

[00:02:57]

Well, it was—[30] of us were in the senior graduation class. (laughs)

[00:03:02]

**T. A. Rosolowski, PhD**

[00:03:02]

Oh my gosh.

[00:03:03]

**Joyce Alt, RN, MS**

[00:03:04]

It was a very religious, diverse, divided town.

[00:03:09]

**T. A. Rosolowski, PhD**

[00:03:08]

Oh. How so, tell me about that.

[00:03:10]

**Joyce Alt, RN, MS**

[00:03:11]

Catholics and Lutherans. A sidearm of Methodist.

[00:03:16]

**T. A. Rosolowski, PhD**

[00:03:17]

Okay. And your family's denomination?

[00:03:19]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:03:19]

Lutheran.

[00:03:20]

**T. A. Rosolowski, PhD**

[00:03:20]

Lutheran. Okay.

[00:03:21]

**Joyce Alt, RN, MS**

[00:03:21]

Grew up in the church and my mother played the organ. I wasn't compelled to go to church but it was you know, the family always went to church together. The education was very limited. There was a parochial school that had most of the children, because it was a Catholic community. I felt I had a good education but it was limited, in the sciences, math. Goodness sakes, you had anything in physical activities, you know it just wasn't....

[00:04:10]

**T. A. Rosolowski, PhD**

[00:04:10]

Right.

[00:04:11]

**Joyce Alt, RN, MS**

[00:04:12]

The teachers were sincere, they expected work to be done, and they offered us opportunities. I loved to write, and so they would enter us into state fair competitions and those kinds of things, if there was an opportunity out there.

[00:04:36]

**T. A. Rosolowski, PhD**

[00:04:37]

Yeah, they advocated for their students. Now, you didn't share your birthday.

[00:04:40]

**Joyce Alt, RN, MS**

[00:04:41]

Oh, I'm sorry, June 18, 1940.

[00:04:44]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:04:45]

Okay. I just wanted to make sure it wasn't a choice, to have done that.

[00:04:47]

***Joyce Alt, RN, MS***

[00:04:46]

No, no.

[00:04:47]

***T. A. Rosolowski, PhD***

[00:04:47]

Okay, so that gives a little context. Wow, so that's kind of postwar years too. Now, you had mentioned the religious. Are you practicing, were you practicing in your faith? Was that an important thing in your life at the time?

[00:05:02]

***Joyce Alt, RN, MS***

[00:05:03]

Yes, but I wasn't running around with a banner in my hand either. Then, the church gave me a very limited scholarship, so I could go to Luther College in Decorah, Iowa.

[00:05:24]

***T. A. Rosolowski, PhD***

[00:05:25]

Right, okay.

[00:05:26]

***Joyce Alt, RN, MS***

[00:05:27]

I was scared to death, because I wanted to go into nursing and I didn't have a curriculum to support that.

[00:05:37]

***T. A. Rosolowski, PhD***

[00:05:38]

Now, when did you decide you wanted to go into nursing?

[00:05:40]

***Joyce Alt, RN, MS***

[00:05:41]



Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

Oh, golly. We lived sort of in the shadow of the Mayo Clinic, so I was always impressed with all the history up there and the stories about how many good things they were doing. We sort of had a choice; either it was a schoolteacher or a nurse or a secretary. My mother and dad really hoped I would have been a schoolteacher but I said no, this is what I want to do. So I went to Luther College, and that was probably my salvation, because these people, they assigned you a counselor and they were there with you. It wasn't this "call me if you need me kind of thing." I told them, I don't have this and so they tested me, "Oh, you're going to do fine." Well, you don't drop into an advanced chemistry course when you haven't had chemistry, so I went back and I said, "I can't do this," and I said, "I don't know what they're talking about." So they rearranged my curriculum to get me into the first level of sciences and chemistry, and thank God, because I wouldn't have made it, I'm sure, had I not had that kind of experience.

[00:07:21]

***T. A. Rosolowski, PhD***

[00:07:22]

How large a college was that?

[00:07:24]

***Joyce Alt, RN, MS***

[00:07:25]

Probably around nine hundred or a thousand.

[00:07:28]

***T. A. Rosolowski, PhD***

[00:07:29]

So pretty small, more personal.

[00:07:31]

***Joyce Alt, RN, MS***

[00:07:29]

But right now it's on the news even and it's...

[00:07:35]

***T. A. Rosolowski, PhD***

[00:07:37]

Why did you choose to go there?

[00:07:39]

***Joyce Alt, RN, MS***

[00:07:40]

Well, it was close to home and I knew I'd be homesick. The other choice would have been

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

going to St. Olaf in Minnesota, but I did not feel that they were open to any kind of appreciation or intention to help me overcome what I didn't have in high school.

[00:08:03]

***T. A. Rosolowski, PhD***

[00:08:04]

So you had good intuition about that at Luther College.

[00:08:07]

***Joyce Alt, RN, MS***

[00:08:07]

Oh yeah, yeah. They didn't fault me, you know this is what you came to us with and this is where we've got to get you to, and so again, I'm very thankful for that education.

[00:08:26]

***T. A. Rosolowski, PhD***

[00:08:27]

So what did you feel... I mean, aside from this very important issue of supporting you and helping you make up for those lacks in your academic record, how did you feel you grew during that time in college?

[00:08:41]

***Joyce Alt, RN, MS***

[00:04:42]

Well, coming from a very small community, it was almost a culture shock to live in a dorm, all these folks, and so I grew to interface with large groups and even small group. When I grew up, I had one friend.

[00:09:04]

***T. A. Rosolowski, PhD***

[00:09:04]

Oh, wow.

[00:09:05]

***Joyce Alt, RN, MS***

[00:09:09]

So it was just a real culturalization of me, to go there.

[00:09:15]

***T. A. Rosolowski, PhD***

[00:09:15]

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

Now was it co-ed or a women's college?

[00:09:17]

**Joyce Alt, RN, MS**

[00:09:17]

Yes.

[00:09:17]

**T. A. Rosolowski, PhD**

[00:09:18]

Co-ed, okay. I had actually never heard of the school before, so.

[00:09:21]

**Joyce Alt, RN, MS**

[00:09:22]

A good athletics program. Music was outstanding, a thing I'll never forget. Olaf College was in Minnesota but near, and so Olaf and Luther—(becomes choked up)—now I'm crying—sang the *Messiah* together, it was phenomenal.

[00:09:53]

**T. A. Rosolowski, PhD**

[00:09:54]

It's an amazing piece of music. So music is important to you.

[00:09:58]

**Joyce Alt, RN, MS**

[00:09:58]

Oh, yes.

[00:09:58]

**T. A. Rosolowski, PhD**

[00:09:59]

Yeah, yeah. Where did that, when did that start?

[00:10:02]

**Joyce Alt, RN, MS**

[00:10:03]

Oh, my mother sang at funerals and weddings. She had an organ, we had an organ, I've got an organ.

[00:10:11]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:10:11]

Oh wow, so you're a musician as well.

[00:10:13]

***Joyce Alt, RN, MS***

[00:10:14]

Not very good but I have the organ there, so I can fool with it.

[00:10:19]

***T. A. Rosolowski, PhD***

[00:10:20]

Did you sing as well, in choirs?

[00:10:21]

***Joyce Alt, RN, MS***

[00:10:21]

No. My sister did though.

[00:10:23]

***T. A. Rosolowski, PhD***

[00:10:23]

Okay. So a musical family.

[00:10:25]

***Joyce Alt, RN, MS***

[00:10:26]

Yeah.

[00:10:27]

***T. A. Rosolowski, PhD***

[00:10:27]

Nice. Yeah, it's very moving, so I understand, that hymn. Nice.

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

## **Chapter 02: Nursing Education and Early Professional Life** **A: Professional Path;**

Codes

A: Personal Background;  
A: Professional Path;  
A: Character, Values, Beliefs, Talents;  
A: Professional Values, Ethics, Purpose;  
C: Professional Practice; C: The Professional at Work;

***T. A. Rosolowski, PhD***

[00:10:36]

So tell me about your next step, which was let's see, Allen Memorial Hospital, [School] of Nursing. Tell me about the decision to go there. How did that happen?

[00:10:48]

***Joyce Alt, RN, MS***

[00:10:51]

Well, for one thing, my cousin was Director of Nursing at the school and a tough lady.

[00:11:03]

***T. A. Rosolowski, PhD***

[00:11:04]

Her name?

[00:11:05]

***Joyce Alt, RN, MS***

[00:11:06]

Damn, I wish I could remember. [Virginia Turner]

[00:11:09]

***T. A. Rosolowski, PhD***

[00:11:10]

You'll think of it. That's the good reason to review your transcript, right, just to put it in.

[00:11:13]

***Joyce Alt, RN, MS***

[00:11:12]

Yeah. I can see her. Isn't that terrible? I tried to avoid her anyway, she was tough. (both laugh)

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

A good school.

[00:11:27]

**T. A. Rosolowski, PhD**

[00:11:31]

So did she help you get in, was that the idea?

[00:11:33]

**Joyce Alt, RN, MS**

[00:11:34]

No. It was sort of like when I—because I really didn't know her that well. I know my friend who went to school with me there, she knew my parents and it's sort of like when they said we've made the decision she said, "Well, where else would you go?" You know? She's really tough. It was a good school, very good instructors, small but just, it was good.

[00:12:16]

**T. A. Rosolowski, PhD**

[00:12:16]

Now when you got to nursing school, did that experience open your mind up to—how did it meet or exceed your expectations of what you thought nursing was?

[00:12:29]

**Joyce Alt, RN, MS**

[00:12:30]

It didn't exceed. I just felt, this is what I want to do. I was terrible in the operating room.

[00:12:41]

**T. A. Rosolowski, PhD**

[00:12:42]

What do you mean by that?

[00:12:43]

**Joyce Alt, RN, MS**

[00:12:44]

Oh, I couldn't, just couldn't get it to click. I remember they would say, "I promise to get you through this if you promise never to step foot in an operating room." So, stuff like that, but of course the nursery, everybody wanted to go to the nursery. It was just a good experience of my folks, I mean Iowa. Took courses at the university, excuse me Iowa State, that has changed, that name has changed three times, but when I was there it was [Iowa State Teachers College].

Coincidentally, the anatomy teacher I had had taught my mother, because she went to Iowa State.

[00:13:42]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:13:43]

What was your mother's major at the time?

[00:13:45]

***Joyce Alt, RN, MS***

[00:13:45]

Teaching.

[00:13:45]

***T. A. Rosolowski, PhD***

[00:13:46]

She was teaching?

[00:13:46]

***Joyce Alt, RN, MS***

[00:13:46]

Yeah.

[00:13:47]

***T. A. Rosolowski, PhD***

[00:13:47]

And she continued teaching after her marriage?

[00:13:50]

***Joyce Alt, RN, MS***

[00:13:50]

She did but part-time.

[00:13:52]

***T. A. Rosolowski, PhD***

[00:13:53]

Okay, yeah, that's neat. What skills and interest areas did you start discovering in yourself during nursing school? Were you gravitating toward an area?

[00:14:05]

***Joyce Alt, RN, MS***

[00:14:06]

No, because it was so different then. You didn't have a specialty, you know you were just a generalist and you rotated through every kind of... they didn't call it medicine. This is where

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

you put the heart patients, this is where you put the polio patients. It wasn't like we know it, segregated. No, it was just a great experience. Like I said, I enjoyed everything I was doing except surgery. So if you aren't good in surgery, you weren't very good in delivery either, so I promised them I would never go near... Oh, they had me do what they called circulation, instead of scrubbing, so I'd get my hours in.

[00:15:00]

***T. A. Rosolowski, PhD***

[00:15:00]

What did that mean, what is circulation?

[00:15:01]

***Joyce Alt, RN, MS***

[00:15:01]

You don't scrub. That's when I got so nervous, with the scrubbing, sterile. You go in, you give all the instruments to the physicians. I just could not get that to click.

[00:15:13]

***T. A. Rosolowski, PhD***

[00:15:14]

And the circulation meant?

[00:15:15]

***Joyce Alt, RN, MS***

[00:15:16]

Oh I just, I'd get things ready for them, but I didn't have to hand it to them.

[00:15:21]

***T. A. Rosolowski, PhD***

[00:15:21]

Hand things in, gotcha, okay, okay. Well, it's finding where you can do your best work, you know?

[00:15:27]

***Joyce Alt, RN, MS***

[00:15:28]

And then, as part of my senior curriculum, they had you write letters. It was called professional adjustment, and they had you write letters to places you might want to go to work, which was, I thought a neat idea.

[00:15:43]



Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:15:44]

It's a great idea.

[00:15:44]

***Joyce Alt, RN, MS***

[00:15:45]

And you had, I think it was ten. So my friend who I met there, she wanted to get out of Iowa too, so we ended up coming to Methodist Hospital.

[00:16:01]

***T. A. Rosolowski, PhD***

[00:16:01]

So you wanted to get out of Iowa?

[00:16:03]

***Joyce Alt, RN, MS***

[00:16:03]

Yeah.

[00:16:03]

***T. A. Rosolowski, PhD***

[00:16:03]

How come?

[00:16:04]

***Joyce Alt, RN, MS***

[00:16:04]

I needed to get away from my mom and dad. I was just too dependent on them. And they didn't want me to go. So anyway, we wrote our ten letters and really took to Methodist Hospital here, and we happened to meet—the person who was hiring had lived in Iowa all her life, lived very near Waterloo, and I believe it was Dysart. But anyhow, she says, "Come girls, I have a job for you," and so we did. (Doua) was her name, and she was so helpful.

[00:16:52]

***T. A. Rosolowski, PhD***

[00:16:52]

So that's when—let's see, I'm trying to look when you started. That was in 1960, or no I'm sorry, because first you were a charge nurse at the Medical Surgical Unit at Allen Memorial in Waterloo, Iowa.

[00:17:08]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:17:09]

Yeah.

[00:17:09]

\$\$

**T. A. Rosolowski, PhD**

[00:17:09]

So then in 1965, you went to Methodist Hospital. Now you were Head Nurse for the Medical Surgical Unit. So tell me about getting that job. Why did they put you in that position?

[00:17:20]

**Joyce Alt, RN, MS**

[00:17:21]

I'm not real sure. I didn't apply for it, I remember that.

[00:17:27]

**T. A. Rosolowski, PhD**

[00:17:27]

Really? Now, were nurses really in demand at the time, 1965? Was it kind of a shopper's—

[00:17:36]

**Joyce Alt, RN, MS**

[00:17:36]

Yes. Nothing like what it grew to.

[00:17:39]

**T. A. Rosolowski, PhD**

[00:17:40]

So what was your role at that time?

[00:17:42]

**Joyce Alt, RN, MS**

[00:17:43]

I had the Teaching Unit, I had the Renal Transplant Unit, and I had the indigent beds, and such a contrast, the VIP Wing. Can you imagine?

[00:18:03]

**T. A. Rosolowski, PhD**

[00:18:03]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

So what did you do as Head Nurse?

[00:18:05]

**Joyce Alt, RN, MS**

[00:18:07]

You're responsible for the functioning of the unit. You're responsible for evaluations, both patient and staff, directing them to educational need, classes that we had, if needed, and run a smooth unit.

[00:18:28]

**T. A. Rosolowski, PhD**

[00:18:28]

Wow. Now you were a very young woman when they gave you that responsibility. Did you feel up to it and prepared for it?

[00:18:33]

**Joyce Alt, RN, MS**

[00:18:34]

I guess I was dumb, too naïve to think I couldn't do it. (both laugh) I had good support, that lady, you know from Iowa. I'm just going to be honest with you, I had a hard time at Methodist because the contrast for me was just unbelievable; VIP/indigent.

[00:18:55]

**T. A. Rosolowski, PhD**

[00:18:55]

Right.

[00:18:56]

**Joyce Alt, RN, MS**

[00:18:57]

And the differences in the service, it just... And so one day I told Sandy, my friend, I said, "I can't do this anymore." She said okay, I mean she was really—and the follow-up by administration for the VIP just was not within my core.

[00:19:21]

**T. A. Rosolowski, PhD**

[00:19:21]

So, meaning they were kind of giving special treatment?

[00:19:24]

**Joyce Alt, RN, MS**

[00:19:24]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

Oh sure, and I understand. I mean, we had the Fondrens were in our VIP quite a while, bed. It was just really special treatment, I had to get out of it.  
[00:19:44]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

## **Chapter 03: Nursing at MD Anderson in the Mid-Sixties**

### **A: Overview;**

Codes

A: Joining MD Anderson;

A: Overview;

B: MD Anderson Culture;

B: Working Environment;

C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

***T. A. Rosolowski, PhD***

[00:19:45]

I can understand that. So how did the MD Anderson opportunity come, because in June of 1965, you were [in the Surgical Unit at Methodist] less than a year, and then in June of 1965, you went to MD Anderson.

[00:19:57]

***Joyce Alt, RN, MS***

[00:19:57]

Just, I met some nurses at church and they said why don't you come over, and so I interviewed there.

[00:20:06]

***T. A. Rosolowski, PhD***

[00:20:07]

And what was that like?

[00:20:09]

***Joyce Alt, RN, MS***

[00:20:10]

Honestly, I can't remember that much about it. I remember Ms. Hilkemeyer. She was very persuasive, highly recognized in the community, and wanted me to come. So I got the job of Head Nurse in the Postoperative Care Unit.

[00:20:44]

***T. A. Rosolowski, PhD***

[00:20:44]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

Now, how did you find oncology nursing, I mean that's quite a different focus.

[00:20:50]

**Joyce Alt, RN, MS**

[00:20:50]

Never bothered me. I'll tell you, I was in the surgical units where you sort of got your feet wet because surgery then was not so radical or so different than as we grew into surgery of major, major procedures. So, I had also worked with Dr. DeBakey's group at Methodist.

[00:21:36]

**T. A. Rosolowski, PhD**

[00:21:37]

On heart.

[00:21:38]

**Joyce Alt, RN, MS**

[00:21:38]

Yeah.

[00:21:38]

**T. A. Rosolowski, PhD**

[00:21:39]

Yeah. I mean, I'm just saying for context for the record.

[00:21:42]

**Joyce Alt, RN, MS**

[00:21:43]

Working in intensive care units, just you know, it wasn't that drastic a change, so.

[00:21:55]

**T. A. Rosolowski, PhD**

[00:21:55]

So you didn't find—I mean some people say when they come, they find it very... you know at first emotionally very draining, to work with cancer patients.

[00:22:04]

**Joyce Alt, RN, MS**

[00:22:03]

Depressing, draining.

[00:22:05]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:22:05]

Did you find that?

[00:22:06]

***Joyce Alt, RN, MS***

[00:22:07]

No.

[00:22:07]

***T. A. Rosolowski, PhD***

[00:22:08]

So you were kind of suited to it.

[00:22:11]

***Joyce Alt, RN, MS***

[00:22:12]

Again, I entered an area that's protected. I soon found, I mean in time I found out, you don't jump into an oncology pediatric unit unless you really [understand the impact it would have].

We also found out that mothers with children had a hard time going into pediatric oncology. So you learn that and so...

[00:22:49]

***T. A. Rosolowski, PhD***

[00:22:50]

So tell me what nursing was like at MD Anderson in those very early years. It's hard for me to imagine. I mean I know some nurses here oversee workflow and all of that, but what was it like in the '60s?

[00:23:05]

***Joyce Alt, RN, MS***

[00:23:06]

The physician was the boss. You sort of lived on your own unit. You weren't integrating with other units. I mean it was—nothing against Ms. Hilkemeyer, that was just how life was at that time in nursing.

[00:23:31]

***T. A. Rosolowski, PhD***

[00:23:32]

Right, right. What were the advantages and disadvantages of that now that you look back?

[00:23:39]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***Joyce Alt, RN, MS***

[00:23:40]

The disadvantage is that—and why I went into my master’s thesis to study this; you’re promoted to a level that you’re not prepared for and that the only way in nursing that you can get ahead, to go into management. Education, I thought was good for the orientation at that time. Continuing education was still out there. We were grappling, nursing was grappling with where do we go, you know what do we teach? People were very --not subservient, but the Head Nurse was the Head Nurse, you know? You ruled. And that’s just --again, it wasn’t a whole lot for a democratic process, you followed the chain of command, and things like that.

[00:24:55]

***T. A. Rosolowski, PhD***

[00:24:57]

What were the downsides of that? And I’m asking because, I mean what you’re describing is a kind of culture of a field, you know, and a culture that had been developed for understandable reasons, but has some downsides.

[00:25:15]

***Joyce Alt, RN, MS***

[00:25:16]

Well, putting it bluntly, if you wanted to be a follower, it was good. If you wanted to be a leader or advance, it was very limited. So, I mean that’s the way it was, and nursing took care of nursing and physicians took care of physicians. You could be friends, but the planning together didn’t occur.

[00:26:46]

***T. A. Rosolowski, PhD***

[00:26:47]

Did you consider yourself an ambitious person at the time?

[00:26:51]

***Joyce Alt, RN, MS***

[00:26:52]

No, I don’t think I did. I enjoyed challenges and I didn’t like the status quo a lot, but to go fight for a job, no. No, no, no.

[00:26:19]

***T. A. Rosolowski, PhD***

[00:26:20]

Now the status quo, what are you thinking of when you mention that? What was the status quo



Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

that you weren't satisfied with?  
[00:26:28]

**Joyce Alt, RN, MS**

[00:26:29]

Just if you had ideas, what do you do with them? I guess you sort of dreamed by yourself. Those opportunities weren't there and the chain of command was Head Nurse, supervisor, three supervisors; day, evening and nights. And then for large part, directly to Ms. Hilkemeyer, and then she would start putting in levels of associates and that kind of thing.

[00:27:14]

**T. A. Rosolowski, PhD**

[00:27:15]

Now when you were in the Head Nurse role, were there ideas that you had to improve things that you felt you couldn't act on?

[00:27:27]

**Joyce Alt, RN, MS**

[00:27:28]

I focused more on environment.

[00:27:30]

**T. A. Rosolowski, PhD**

[00:27:30]

On environment. Can you give me an example so I understand?

[00:27:33]

**Joyce Alt, RN, MS**

[00:27:34]

Patient flow within the unit, better ways of just doing things, you know? I don't know how I'd say anything different. It wasn't anything major. It was just workflow and improving it. Then, when we started having patients stay overnight, my staff just almost [thought I had lost my mind] because I didn't want to send patients back to the unit without being bathed.

[00:28:10]

**T. A. Rosolowski, PhD**

[00:28:10]

Oh. Huh.

[00:28:11]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:28:11]

That was a hard, hard thing. They were laying here all night, their families want to see them, and let's not send them back like they'd been in a wreck. That was a hard thing but we did it.

[00:28:30]

**T. A. Rosolowski, PhD**

[00:28:31]

You don't think of all the details of bringing a patient in and getting them through all their procedures, and then all of that. I mean, I think it's hard for people to understand all the stuff that goes into working with a patient when they're at the hospital.

[00:28:45]

**Joyce Alt, RN, MS**

[00:28:48]

Yeah. So that was... I did a lot of work with the Procedure Committees.

[00:28:53]

**T. A. Rosolowski, PhD**

[00:28:54]

Tell me about the Procedure Committees, because I noticed that on your CV but I had never heard of that committee before. What was it about?

[00:29:02]

**Joyce Alt, RN, MS**

[00:29:01]

It's a nursing procedure committee. You've got to have a procedure for everything, including mouthcare, bathing, shampooing hair, getting patients. Everything you did, you had to have a procedure, because when you have new people, this is how we do it, and that took a lot of work, a lot of work. Then you think of all the medication administration, starting IVs, those kinds of things. Everything you did to a patient had to be documented, and when JCAHO [Joint Commission on Accreditation of Healthcare Organizations] came in, if they weren't there and revised with a date or reviewed, that's bad.

[00:30:00]

**T. A. Rosolowski, PhD**

[00:30:00]

JCAHO?

[00:30:01]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:30:01]

That's the accrediting body for hospitals.

[00:30:04]

**T. A. Rosolowski, PhD**

[00:30:04]

Yeah, okay. So how long were you in your Head Nurse role, because then you were promoted to supervisor. Do you recall kind of what the dates were on that?

[00:30:16]

**Joyce Alt, RN, MS**

[00:30:16]

No.

[00:30:17]

**T. A. Rosolowski, PhD**

[00:30:18]

About how long were you a Head Nurse, five years, four years?

[00:30:22]

**Joyce Alt, RN, MS**

[00:30:22]

Maybe three, somewhere in there.

[00:30:27]

**T. A. Rosolowski, PhD**

[00:30:29]

So what did becoming a supervisor mean? How was your role expanded at that point?

[00:30:35]

**Joyce Alt, RN, MS**

[00:30:35]

I made rounds on patients, generally with the Head Nurse or by myself, [of designated units] just to see how are we doing, making sure that new people were being welcomed and taught the ropes at Anderson. Making sure that we're staffed, making sure they had the proper equipment and that it's usable and not in need of repair. Interfacement with other departments, like Pharmacy and Nursing, were very close, and our functions had to be. We were very lucky to have the head of Pharmacy that we did.

[00:31:29]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:31:30]

Who were the heads at the time?

[00:31:30]

***Joyce Alt, RN, MS***

[00:31:31]

The person I interfaced with most of all was Roger Anderson. He had a tremendous reputation and he worked with Nursing. [Redacted]

[00:32:07]

The nurse managers, I think got along pretty good with medical staff, but [redacted] [working service groups didn't plan together very well. Management decisions were handed down.]

[00:32:37]

***T. A. Rosolowski, PhD***

[00:32:38]

It's kind of interesting, because people who are in Developmental Therapeutics...

[00:32:44]

***Joyce Alt, RN, MS***

[00:32:44]

Oh Lord, yeah.

[00:32:45]

***T. A. Rosolowski, PhD***

[00:32:45]

(laughs) Why do you say that, why do you react that way?

[00:32:48]

***Joyce Alt, RN, MS***

[00:32:49]

It was just such a [challenge].

[00:32:50]

***T. A. Rosolowski, PhD***

[00:32:51]

Was it really?

[00:32:51]

***Joyce Alt, RN, MS***

[00:32:52]

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

They were such a volatile group of people, so intense, so dedicated and so do it my way or the highway, and it just, it was rough.

[00:33:07]

***T. A. Rosolowski, PhD***

[00:33:08]

Yeah. How was it rough?

[00:33:10]

***Joyce Alt, RN, MS***

[00:33:12]

Gotten a lot of criticism for not deserving it, you know just got—you either didn't do it fast enough or right. They couldn't help it, they want to cure leukemia right now, you know?

[00:33:25]

***T. A. Rosolowski, PhD***

[00:33:26]

Yeah, yeah.

[00:33:27]

***Joyce Alt, RN, MS***

[00:33:27]

I remember when I was promoted, I got to talk to Dr. [Emil J] Freireich, who was an unbelievable man. He was so intense, because most of the time, he didn't care anything about directors of nursing, I mean they were unnecessary, I mean a necessary evil. Later on, because I wanted to go around and meet him, and he got down on the floor and I said what are you doing, what are you going to do? He says, "Now listen, Ms. Alt, until we find the secret of life, we will not cure cancer, remember that." I thought, "You're probably right, you know?" But they were just that intense and it just wasn't with us, I mean [there was friction among them].

[00:34:24]

***T. A. Rosolowski, PhD***

[00:34:25]

Yeah. They were definitely, I mean there are words like 'the Wild West' that have been used to describe those folks, but when you hear them tell the story, it's always innovation, we were always trying new things, you know the whole world was open to us. So it's interesting to hear you worked in another dimension of MD Anderson and you're like, 'Well, no, things were kind of closed down, it was hard to get new things done, even if it was worth changing.' You know so it's interesting, there were these two parallel universes almost.

[00:34:55]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***Joyce Alt, RN, MS***

[00:34:54]

Yeah, yeah. I never felt any animosity if I stayed my distance, and that doesn't mean we couldn't introduce things. There were just things, you don't tangle with them.

[00:35:12]

***T. A. Rosolowski, PhD***

[00:35:12]

Interesting, yeah.

[00:35:13]

***Joyce Alt, RN, MS***

[00:35:13]

Because it's not going to get you anywhere. [It was a group who resented authority figures and they would make their own way.] But, they got along, most of the time, with the nurses at the unit level, so that's where it counted [ ].

[00:35:32]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

## **Chapter 04: *Observations about Renilda Hilkemeyer and Nursing at MD Anderson***

### **A: Overview;**

Codes

C: Portraits;

A: Overview;

B: MD Anderson Culture;

B: Working Environment;

D: The History of Health Care, Patient Care;

B: Institutional Politics;

B: Controversy;

***T. A. Rosolowski, PhD***

[00:35:32]

Okay, okay, interesting. Now, so then you became Assistant Director of Nursing for Surgical Services, and you were reporting, it says here on your CV, reporting directly to the Interim Director of Nursing. So two questions, just factual questions. How long were you a supervisor, about? Do you remember a date when you became assistant Director of Nursing? So about how long were you supervisor?

[00:36:03]

***Joyce Alt, RN, MS***

[00:36:03]

I'm going to say maybe three years, I don't know, because nursing was really shaken at that time. Ms. Hilkemeyer was attacked, because she did a lot of good for oncology nursing at MD Anderson, wrote articles, very much valued by our staff and people in the community, but it was getting harder and harder for her to change [or to make changes].

[00:36:45]

***T. A. Rosolowski, PhD***

[00:36:46]

Why do you think that was?

[00:36:48]

***Joyce Alt, RN, MS***

[00:36:49]

I'm not real sure. I think she was very content in her perceptions of what—this is the way it

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

should be, because it's always been done that way.

[00:37:01]

***T. A. Rosolowski, PhD***

[00:37:02]

Okay, so you meant it was hard for her to change her perspective. Okay, gotcha. And so was she kind of—did you feel that MD Anderson was sort of evolving and she was becoming out of sync with where it was going, or the culture? What was the situation there?

[00:37:20]

***Joyce Alt, RN, MS***

[00:37:20]

[It was hard for her to be viewed as a change agent anymore. It was more that she was operating as if she was “right because she has always done it that way.”]

[00:37:41]

***T. A. Rosolowski, PhD***

[00:37:42]

Well there's always a lot of discussion, you know how long should a leader be in a leadership position? When is the time to step away? A lot of people have a lot of opinions on that but it sounds like this is one of those situations when there was a discussion about that; how long does this one person stay in charge?

[00:38:01]

***Joyce Alt, RN, MS***

[00:38:02]

I think that was it. I wasn't real close to Ms. Hilkemeyer, I mean I wasn't in a position to be that close, but I respected her and I appreciated what she had done for nursing.

[00:38:20]

***T. A. Rosolowski, PhD***

[00:38:21]

What do you think were some of her big places of impact on the field?

[00:38:25]

***Joyce Alt, RN, MS***

[00:38:26]

[ ] [She introduced “oncology nursing” to the nursing world and wanted nursing to focus on the delivery of nursing care as opposed to being the extra hands running errands. She identified and paved the way for a nurse to have an oncology specialty. Prior to that, specialization was limited to e.g. operating room, obstetrics, medical nursing, surgical nursing, etc. Miss Hilkemeyer



Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

developed the concept of oncology nursing to be expanded to specialties within oncology such as leukemia, head and neck, gynecology, protected environment, urology, etc. This specialization was emulated in major cancer centers and is still true today.]

[00:38:28]

[00:38:33]

I think she tried to move nursing forward, not just bathing a body but treating the person as a whole. [ ] [She liked to be in charge and perhaps this concept at times collided with the physicians who wanted to be in charge.]

[00:39:13]

***T. A. Rosolowski, PhD***

[00:39:13]

Now, one thing I was very aware of when I started conducting interviews with people in nursing... I was looking at my own assumptions and realized, wow, I think I went through most of my life thinking of nurses as doctors' helpers, I mean shame on me.

[00:39:32]

***Joyce Alt, RN, MS***

[00:39:33]

No, but that's what [some] doctors [and administrators] would like you to perceive [nursing] as [during Miss Hilkemeyer's reign. It wasn't just doctors, though: extra hands for services not staffed on certain days by administrators.]

[00:39:36]

***T. A. Rosolowski, PhD***

[00:39:37]

And I think that's a lot of people's perceptions. When I started reading about Renilda Hilkemeyer, I thought wow, you know, here's a person who was really trying to change that. Did you agree? I mean was she trying to turn nursing into something that was different than that perception of doctor's helper?

[00:40:02]

***Joyce Alt, RN, MS***

[00:40:04]

[I think so and perhaps at times she could be perceived as "closed" when in fact that was what she was trying to accomplish.]

[00:40:13]

***T. A. Rosolowski, PhD***

[00:40:14]

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

No, I'm just asking for impression. Because I mean, I kind of look back and see it in the context of history and it's easy to overread sometimes. Somebody like Barbara Summers [oral history interview], who came later, she's very clear: "Oh yeah, we are doing away with that doctor's helper thing, that's not what nursing is any more, no, and we need to fight against that." So she's very clear about that. Renilda Hilkemeyer, that wasn't part of her consciousness.

[00:40:42]

**Joyce Alt, RN, MS**

[00:40:43]

[Perhaps but not as controversial as it was in years later. But again, not just doctors, but administrators too.]

[00:40:44]

**T. A. Rosolowski, PhD**

[00:40:44]

Okay, yeah. So patient care and treating the whole person. What are some other places where she had a big impact, do you think?

[00:40:53]

**Joyce Alt, RN, MS**

[00:40:54]

On oncology nursing [as a whole. Forcing nurses to keep up with the ever changing field in oncology care.]

[00:40:54]

**T. A. Rosolowski, PhD**

[00:40:55]

On oncology. How so?

[00:40:57]

**Joyce Alt, RN, MS**

[00:40:57]

Well, one of the things that—and I'll talk about that later, when we get into my role. I found out even then, oncology nursing was being taught four hours only, in preparing a bachelor's nurse.

[00:41:22]

**T. A. Rosolowski, PhD**

[00:41:22]

Wow.

[00:41:22]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:41:23]

People came to us then and with me then, they were not prepared to work at MD Anderson, they just weren't. Number one, they were scared and number two, a whole new world [before them].

[00:41:42]

**T. A. Rosolowski, PhD**

[00:41:42]

So what are the special dimensions of oncology nursing in your mind?

[00:41:51]

**Joyce Alt, RN, MS**

[00:41:52]

Patient care, family care, treatment, bereavement, [emotional support –a holistic approach]. It's just a package and you just can't focus on the illness. There's a lot of people in a hospital that just focus on illness, you know, and particularly in a cancer hospital, where the impression was for a long time, people just come there to die.

[00:42:27]

**T. A. Rosolowski, PhD**

[00:42:27]

Right. Yeah.

[00:42:28]

**Joyce Alt, RN, MS**

[00:42:29]

Anyway, she had to really try to teach people what nursing in a cancer hospital and our hospital is about.

[00:42:42]

**T. A. Rosolowski, PhD**

[00:42:42]

And you shared those values? I mean did you know early on in your own career, that those were values you shared?

[00:42:50]

**Joyce Alt, RN, MS**

[00:42:50]

No, I really [didn't believe patients came to MD Anderson just to die. I was taught early in my nursing education that we should view the patient as a whole person and part of a family.]

[00:42:55]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:42:56]

What was your own learning curve about that or developing those values?

[00:43:03]

***Joyce Alt, RN, MS***

[00:43:03]

I think working at Anderson, particularly working with people very committed to that. Medical staff, there's no question, they're trying to focus on a cure and I felt we complemented that by, "Yes, we can do these things to help that too, but when cure fails, we must be there." It just, it was more than an illness.

[00:43:47]

***T. A. Rosolowski, PhD***

[00:43:47]

How does that connect up, if it does, with your experience growing up in a small town?

[00:43:52]

***Joyce Alt, RN, MS***

[00:43:57]

Probably a lot.

[00:43:58]

***T. A. Rosolowski, PhD***

[00:44:00]

Why do you say that?

[00:44:00]

***Joyce Alt, RN, MS***

[00:44:02]

I was brought up that way. I don't know why I get so emotional about it but I do.

[00:44:14]

***T. A. Rosolowski, PhD***

[00:44:15]

I guess it just struck me because you were talking about how close-knit the community was, people helping each other, all that.

[00:44:20]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:44:20]

Yeah.

[00:44:20]

**T. A. Rosolowski, PhD**

[00:44:20]

People being there for each other.

[00:44:21]

**Joyce Alt, RN, MS**

[00:44:22]

Crops failed, you get your tractor... (becomes choked up) Yeah. [An ever presence of being grateful for many blessings and the need to keep that in mind when dealing with others.]

[00:44:30]

**T. A. Rosolowski, PhD**

[00:44:30]

So you worked in a place that gave you a lot of meaning.

[00:44:35]

**Joyce Alt, RN, MS**

[00:44:35]

Yes.

[00:44:36]

**T. A. Rosolowski, PhD**

[00:44:36]

Not everybody can say that. That's nice.

[00:44:47]

**Joyce Alt, RN, MS**

[00:44:48]

Lucky.

[00:44:48]

**T. A. Rosolowski, PhD**

[00:44:49]

Yeah. I was going to say, lucky you. (laughs) Yeah.

Making Cancer History<sup>®</sup>

Interview Session: 01

Interview Date: May 29, 2018

## **Chapter 05: Director of Nursing and Addressing the Serious Turnover Problem**

### **B: Building the Institution;**

Codes

A: The Researcher;

C: Discovery and Success;

C: Professional Practice; C: The Professional at Work;

C: Collaborations;

C: Leadership; D: On Leadership;

D: The History of Health Care, Patient Care;

B: MD Anderson Culture;

B: Working Environment;

B: Building/Transforming the Institution;

***T. A. Rosolowski, PhD***

[00:44:56]

So as you're stepping into—well, we were talking about you stepping into the assistant director for nursing role. So, Renilda Hilkemeyer was being replaced or she had already left the position?

[00:45:07]

***Joyce Alt, RN, MS***

[00:45:08]

She hadn't left. [ ] Anderson has a way to—they don't know how to fire people, so they hide them in [an office] or they put them in the library.

[00:45:20]

***T. A. Rosolowski, PhD***

[00:45:21]

Not the first time I've heard that.

[00:45:23]

***Joyce Alt, RN, MS***

[00:45:24]

[Redacted]

[00:45:37]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[00:45:38]

So who was acting director at that time?

[00:45:42]

[Redacted]

***Joyce Alt, RN, MS***

[00:45:47]

Patricia Tedder.

[00:45:48]

***T. A. Rosolowski, PhD***

[00:45:49]

How do you spell the last name?

[00:45:49]

***Joyce Alt, RN, MS***

[00:45:50]

T-E-D-D-E-R. She was really an educator and came—she was recruited to come with the intention that upper management was changing in nursing, and really, they wanted her to come. So, she said, “Oh, I’ll do it for a year, that’s all I want to do it for, is a year.” So she did, she stayed a year, and everyone was shocked that she would leave the great empire and would only be here a year, because she got along very well with physicians, and not as a helper, as a colleague.

[00:46:35]

***T. A. Rosolowski, PhD***

[00:46:35]

As a colleague. Interesting.

[00:46:37]

***Joyce Alt, RN, MS***

[00:46:37]

It was hard.

[00:46:38]

***T. A. Rosolowski, PhD***

[00:46:37]

So why did she leave, why did she choose to leave?

[00:46:41]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***Joyce Alt, RN, MS***

[00:46:42]

[ ] [Miss Hilkemeyer was moved to the Office of the President, and they assured them it was not to remove her from nursing but to put her in a position where she could be a stronger advocate for nursing. Both Ms. Teder and Miss Hilkemeyer would be involved in the selection of any candidate for the position of Director of Nursing. Just a short time after that, a candidate from New York was being interviewed for the position. They were very involved in the candidate selection process. Ms. Teder rendered her position at that time and went back to teaching at Texas Women's University.]

[00:46:50]

***T. A. Rosolowski, PhD***

[00:46:51]

That's interesting. I've since learned, in a variety of fields, there are actually people who circulate around in their exclusive roles, to serve as interim or transitional directors, they do. There's no chance they will stay on, they just serve as a transitional role, and I think that's really cool, that a person knows that about themselves.

[00:47:11]

***Joyce Alt, RN, MS***

[00:47:11]

Yeah, I know.

[00:47:12]

***T. A. Rosolowski, PhD***

[00:47:12]

That that's a real role, you know?

[00:47:13]

***Joyce Alt, RN, MS***

[00:47:13]

I don't think I could have done that. I wasn't a person who could drop in and... But I know the physicians just hated that she was leaving.

[00:47:24]

***T. A. Rosolowski, PhD***

[00:47:25]

Interesting.

[00:47:25]



Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:47:26]

Dr. Freireich, when they started rumblings that maybe I can be considered, he came down and he said, "Well, I'd vote for you but how long are you going to stay?" He's that kind of person.

[00:47:41]

**T. A. Rosolowski, PhD**

[00:47:42]

Oh yeah, I've talked to Dr. Freireich. (laughs)

[00:47:44]

**Joyce Alt, RN, MS**

[00:47:44]

Is he still alive?

[00:47:45]

**T. A. Rosolowski, PhD**

[00:47:46]

He is indeed. He comes in two days a week.

[00:47:48]

**Joyce Alt, RN, MS**

[00:47:49]

My.

[00:47:50]

**T. A. Rosolowski, PhD**

[00:47:50]

Still goes to Faculty Senate. I still see him at the fitness center with his weight lifting coach.

[00:47:58]

**Joyce Alt, RN, MS**

[00:47:58]

[Wow.]

[00:47:59]

**T. A. Rosolowski, PhD**

[00:48:00]

I know, he's a force. Yeah. Cool. So what did you do as assistant director and how did you like that leadership role?

[00:48:15]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[01:00:00]

I liked it but it didn't last very long, because Pat was here and Ms. Hilkemeyer was somewhere in the building and so it just—assistant directors became directors and you governed a territory. That sounds terrible, governed, but anyhow, you were becoming as specialized as hopefully, the people that you were in this community with. So that's how that came about.

[00:49:06]

**T. A. Rosolowski, PhD**

[00:49:07]

So then, I mean that's kind of interesting. So you were Assistant Director for Surgical Services and then Associate Director for Hospital Services. Now was that at the same time or different times?

[00:49:18]

**Joyce Alt, RN, MS**

[00:49:17]

No, no, different times.

[00:49:18]

**T. A. Rosolowski, PhD**

[00:49:19]

So what were the differences in those roles? What was your impact?

[00:49:23]

**Joyce Alt, RN, MS**

[00:49:22]

Well, hospital meant it starts here, inpatient and outpatient, and hitherto. I don't know what it is now but it's been a Mason-Dixon line almost, between inpatient and outpatient. It was very hard to integrate that, oh goodness.

[00:49:44]

**T. A. Rosolowski, PhD**

[00:49:45]

Why was that do you think?

[00:49:46]

**Joyce Alt, RN, MS**

[00:49:50]

Well, from my perspective, the physician at Anderson's home is a clinic and that's his people,

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

serving his patients and, 'leave me alone.' What we were trying to do is get the service, head/neck service, so that the staff here knew as much about what was happening to the patient as the inpatient unit, as this staff should know what's going on, outpatient. Secondly, when we got in trouble with staffing, your people are ready to go back and forth. That was very hard to—I really tried. I know I didn't achieve it.

[00:50:50]

**T. A. Rosolowski, PhD**

[00:50:50]

I've talked to other people in nursing leadership who talked about that challenge too. I mean there eventually was success in creating those environments but very, very challenging. It sounds like, from your perspective it was the MD and the kind of territoriality with the physician that was creating a lot of that.

[00:51:11]

**Joyce Alt, RN, MS**

[00:51:11]

[To some degree, yes. Nurses in the clinics] were recognized, they were celebrated. They didn't have to work evenings or nights or weekends. There were some real pluses to working in a clinic. It was hard but I'll tell you, [ ] you [rarely] saw the nurses [want to work on the inpatient unit as a permanent assignment]. [ ] Not that it was an easy job, but it was [ ] pressure, it was a different pressure. I had hoped we [ ] [would alleviate that with floating between units. Nurses appreciated physician recognition and in this close working environment it did occur].

[00:52:12]

**T. A. Rosolowski, PhD**

[00:52:14]

That's frustrating.

[00:52:14]

**Joyce Alt, RN, MS**

[00:52:15]

Yeah, because I just felt it had to, I mean some time it's going to have to, because the resources are... I think it would be a more interesting job, not to just see illness all the time, but to see patients improving [along the continuum].

[00:52:36]

**T. A. Rosolowski, PhD**

[00:52:37]

Essential for morale too, and retention, I mean all kinds of stuff.

[00:52:40]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[00:52:41]

[ ] We finally worked with the medical staff and said we need a director [at the] unit level. [ ] Some of it was just token, but at least they were included in some of the unit decisions and it improved. Some physicians loved it and others, too busy, you know? So it just comes and goes some.

[00:53:30]

**T. A. Rosolowski, PhD**

[00:53:31]

So tell me about getting the opportunity to be Director of Nursing, how did that happen?

[00:53:37]

**Joyce Alt, RN, MS**

[00:53:37]

Well, there were a lot of interviews from well-known directors, but just remember, there's Sloan [Kettering]. There weren't a whole lot of people waiting out there to come to Anderson with experience. So several came and I guess I wasn't real impressed, because I felt they were a little bit haughty. It was an attitude. I have trouble with people who think they know it all and own it all, and so I was disappointed.

[00:54:33]

**T. A. Rosolowski, PhD**

[00:54:34]

Where did these folks come from, what would have been their home institutions?

[00:54:38]

**Joyce Alt, RN, MS**

[00:54:39]

It would have been...

[00:54:41]

**T. A. Rosolowski, PhD**

[00:54:41]

Memorial Sloan Kettering.

[00:54:41]

**Joyce Alt, RN, MS**

[00:54:41]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

Yeah. I know a couple might have been from there, maybe even Dana Farber. I can't recall.  
[00:54:56]

**T. A. Rosolowski, PhD**

[00:54:57]

Well there's a whole Northeast versus Texas thing too, you know, the cultural thing.

[00:54:59]

**Joyce Alt, RN, MS**

[00:55:00]

Yeah. And who is number one, Anderson or...

[00:55:03]

**T. A. Rosolowski, PhD**

[00:55:03]

Right. Anderson is really the new kid on the block at that time and trying to make a name.

[00:55:13]

**Joyce Alt, RN, MS**

[00:55:13]

I don't think they impressed people as much as they had hoped and maybe that's just my perception. Some of the staff came to me one day and they said, "Why haven't you applied," and I said, "I don't think I would be one for that role." [Redacted] Well, somebody nominated me anyway and then, my friend, Dr. Hickey, and I know he has died, he always called me "Iowa Thunder," So he came down one day, "Iowa Thunder, we have got to do something about this position." He was from Iowa City, that's how he got the name of Iowa Thunder, and he said, "Why don't you consider it?" I said, let me think about it, and he said, "Two weeks, no more." I said okay and so I talked to others and thought at least I know the system, I have a desire to do a good job, and would want to do a good job, and have a great deal of respect for the staff. (gets choked up) So, there I was.

[00:57:13]

[Redacted]

[Change would have to come and I needed support from administration to make it happen. Our turnover was 90 percent [at that time].

[00:57:59]

**T. A. Rosolowski, PhD**

[00:58:00]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

Really?

[00:58:01]

**Joyce Alt, RN, MS**

[00:58:03]

I took the job.

[00:58:05]

**T. A. Rosolowski, PhD**

[00:58:06]

Oh my God. How did that come about, I mean why did that happen?

[00:58:11]

**Joyce Alt, RN, MS**

[00:58:11]

Well, several things. Competition in the medical center was absolutely fierce, turnover was everybody's thorn. No one would share, really, what it was and it became a war of, I'll pay you. I mean, nurses left for \$50 more a week and it was terrible. I was working on my master's at that time and I just thought, I got a good idea for my thesis. I'm going to study the reason for turnover in an oncology setting, because it was easy to say your turnover is... Poor things, can't take care of these patients with cancer, all this death and dying. I'd never believed that but I wasn't real sure either, so I did an open-ended thesis: "You tell me. I'm not going to give you something to rank. You identify what creates turnover in Anderson." They did and it doesn't matter whether we liked it or not, it wasn't that, unlike what was happening at other hospitals; salary, hours, not enough input. Anyway, the most satisfying thing was taking care of the patient with cancer. [I was praying I could make a difference.]

[01:00:11]

**T. A. Rosolowski, PhD**

[01:00:12]

Interesting. Yeah, not the biggest burden. So just for the record, you were doing your master's at Texas Women's. In mental health nursing, and wasn't it also [Medical-Surgical]?

[01:00:25]

**Joyce Alt, RN, MS**

[01:00:26]

Yeah, I had a bi-master's.

[01:00:27]

**T. A. Rosolowski, PhD**

[01:00:28]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

Right, that's what I thought, and that was conferred in 1977.

[01:00:30]

**Joyce Alt, RN, MS**

[01:00:30]

Yes.

[01:00:31]

**T. A. Rosolowski, PhD**

[01:00:31]

So just a quick digression, or not quick. Why did you choose to go back for your master's?

[01:00:40]

**Joyce Alt, RN, MS**

[01:00:40]

I knew if I wanted—I had one of the nurses, in fact it was Pat, who told me, she said, “If you want to get anywhere more at Anderson, you must get a master's.” I thought, ‘oh shoot,’ because I don't—I mean, I had gotten my bachelor's working and I thought boy, I don't know if I want to go through that again, but I did.

[01:01:06]

**T. A. Rosolowski, PhD**

[01:01:07]

Was it worth it?

[01:01:07]

**Joyce Alt, RN, MS**

[01:01:08]

Oh my, yes.

[01:01:08]

**T. A. Rosolowski, PhD**

[01:01:09]

Yeah. What were the payoffs of it?

[01:01:13]

**Joyce Alt, RN, MS**

[01:01:14]

What I found out in my thesis was a major benefit of my education. I don't think I'd have found it out any other way, because I'm not real sure that the environment was such that they would say yeah, come in and study nursing. I'm not so sure that would have... So, I could do this

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

thesis, everybody above me knew what I was doing and why, and it was invaluable.  
[01:01:51]

***T. A. Rosolowski, PhD***

[01:01:51]

How did you put that information to work?

[01:01:54]

***Joyce Alt, RN, MS***

[01:01:54]

That's where I started building.

[01:01:57]

***T. A. Rosolowski, PhD***

[01:01:58]

Okay, cool. And so once you became director, you could act on all this?

[01:02:00]

***Joyce Alt, RN, MS***

[01:02:01]

Yes.

[01:02:01]

***T. A. Rosolowski, PhD***

[01:02:02]

So tell me what your strategy was there.

[01:02:05]

***Joyce Alt, RN, MS***

[01:02:06]

First of all, I published, for the world to see... (gets choked up) [Turnover...] ninety percent.

[01:02:17]

***T. A. Rosolowski, PhD***

[01:02:17]

Do you want me to pause for a minute?

[01:02:17]

***Joyce Alt, RN, MS***

[01:02:18]



Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

Yes.  
[01:02:18]

**T. A. Rosolowski, PhD**  
[01:02:22]  
Okay, I'll just pause for a second.

[pause in recording]

All right, we're returning.  
[01:02:27]

**Joyce Alt, RN, MS**  
[01:02:27]  
So, I posted it [on the wall in the nursing office] and said, we've got to get rid of this. So we started developing programs. The most satisfying thing was care of the patient and the family, [as identified by our staff].  
[01:02:50]

**T. A. Rosolowski, PhD**  
[01:02:50]  
How did you address that?  
[01:02:52]

**Joyce Alt, RN, MS**  
[01:02:52]  
I really didn't go to the unit level, because I didn't want them to think I was betraying them, because a lot of these folks participated. [I shared findings with the Director of Nursing who turn shared findings with the staff. No one was ever identified by unit or name so the general findings were discussed. I wanted to make sure those who participated were not identified.]  
[01:03:04]

**T. A. Rosolowski, PhD**  
[01:03:04]  
Oh, right, of course. Yeah.  
[01:03:06]

**Joyce Alt, RN, MS**  
[01:03:05]  
[Redacted]  
[01:03:22]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

**T. A. Rosolowski, PhD**

[01:03:22]

Who were you reporting to?

[01:03:24]

**Joyce Alt, RN, MS**

[01:03:24]

Dr. Hickey, [ ] administrator [Dan Oedani and even Dr. LeMaistre at times]. [ ] I mean it just bounced around there.

[01:03:42]

**T. A. Rosolowski, PhD**

[01:03:42]

And so having this as a research study, your maters study, that really must have helped with the credibility and building your reputation.

[01:03:50]

**Joyce Alt, RN, MS**

[01:03:50]

They love studies. Anderson loves studies.

[01:03:54]

**T. A. Rosolowski, PhD**

[01:03:54]

That's right.

[01:03:55]

**Joyce Alt, RN, MS**

[01:03:56]

[They were interested in the findings of the study.] The first thing, I got stationery and I put on it, "An experience in life." It became my motto.

[01:04:25]

**T. A. Rosolowski, PhD**

[01:04:25]

An experience in life?

[01:04:27]

**Joyce Alt, RN, MS**

[01:04:27]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

Yeah.  
[01:04:28]

**T. A. Rosolowski, PhD**  
[01:04:28]  
And what did you mean by that?  
[01:04:30]

**Joyce Alt, RN, MS**  
[01:04:31]  
The rewards [of caring for the patient at MD Anderson] is truly an experience in life. So I knew that—I started building it, attacking the turnover, and our salaries, I thought were competitive. Anderson will never be number one [with nurses' salaries], but we shouldn't have to be. [ ] [All the medical centers were playing salary games] at that time.  
[01:05:20]

**T. A. Rosolowski, PhD**  
[01:05:20]  
Oh really?  
[01:00:00]

**Joyce Alt, RN, MS**  
[01:05:21]  
Oh yeah. [ ] The change, as we started, is we built a career ladder. [The way in nursing before the career ladder was to be promoted to a level that you generally were not prepared for. I thought, surely there is a better way. Something is wrong with this practice and thus we build a career ladder program to facilitate the movement of a registered nurse along the track of three components: clinical, administrative, and education. The movement was by promotion with an increase in salary and preparation for the level of advancement. The top position of the clinical ladder was clinical nurse specialist; administrative was head nurse; and there were three levels of educational advancement with the highest level being a master's degree in nursing education. The upper levels of all components did not go into even more progressive levels such as PhD or Ed, e.g. The purpose was to prepare individuals at each level to develop a higher level of performance with a monetary reward. I had hoped to develop a fourth rung, nursing research, but this did not materialize at that time.]  
[01:07:04]

**T. A. Rosolowski, PhD**  
[01:07:06]  
Okay, that's when that started.  
[01:07:08]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***Joyce Alt, RN, MS***

[01:07:09]

[ ] That was a very costly and humungous program to initiate and maintain, but I went to Dr. LeMaistre and Mr. Gilley and I said, I don't know what else we could do. I don't want to keep hiring these [temporary nurses or "rent-a-nurses."] [ ]

[01:08:05]

***T. A. Rosolowski, PhD***

[01:08:06]

Right.

[01:08:06]

***Joyce Alt, RN, MS***

[01:08:06]

I just said we aren't getting our money's worth [from a transient staff].

[01:08:09]

***T. A. Rosolowski, PhD***

[01:08:09]

Well, and to take care of patients who have very specialized needs. So what did Dr. LeMaistre say when you laid that out for him?

[01:08:22]

***Joyce Alt, RN, MS***

[01:08:24]

He listened. He would never make a decision like that without Mr. Gilley. He said we'll get back with you. I had all the financials and blah-blah, what the cost of our turnover was. I could at least evaluate that, but the cost of not having prepared people taking care of patients with cancer, who knows?

[01:08:52]

***T. A. Rosolowski, PhD***

[01:08:52]

Right.

[01:08:52]

***Joyce Alt, RN, MS***

[01:08:53]

They came back and said, "Do it."

[01:08:56]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[01:08:56]

Wow.

[01:09:56]

***Joyce Alt, RN, MS***

[01:09:58]

That's after we were spending hundreds of thousands of dollars on rental nurses. But in order to do that, I mean in the meantime, I knew we'd have to have a better payroll system. Our payroll system was—checks were late, checks were wrong. So, I interfaced with our computerized people and I said, "I need this built, this is what I need." Bless their hearts, they developed a computerized payroll system for us. Now that took time.

[01:09:46]

***T. A. Rosolowski, PhD***

[01:09:47]

And this was just for nursing.

[01:09:47]

***Joyce Alt, RN, MS***

[01:09:48]

Just for nursing. And then, that allowed me to pay nurses in real time, for overtime.

[01:09:59]

***T. A. Rosolowski, PhD***

[01:09:59]

Oh, wow. Do you remember who you worked with?

[01:10:04]

***Joyce Alt, RN, MS***

[01:10:04]

Oh yes, Sandra Seelig and Alfred Pulido.

[01:10:08]

***T. A. Rosolowski, PhD***

[01:10:10]

Those names were right on the tip of your tongue. (laughs)

[01:10:12]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[01:10:13]

Those people, I'll tell you, just asked [them to] computerize the nursing record for us, so we could record [daily] dressing changes, [as an example], that are just, it's something you're doing every day. [ ] that was a tremendous boost for us. [I know I heard at times, "nursing gets everything," but we needed nurses to carry the specialized care needs of our patients.]

[01:010:38]

**T. A. Rosolowski, PhD**

[01:10:40]

Now let me just ask you a quick question about the career ladders that you built. Was there any controversy about this at the time?

[01:10:52]

**Joyce Alt, RN, MS**

[01:10:52]

Honestly, I had a couple doctors come in and say, "Can you help us?" Oh, God, that's just what I need, getting in big time trouble. I truly did, because turnover wasn't that great in the medical staff either.

[01:11:08]

**T. A. Rosolowski, PhD**

[01:11:09]

Really? Oh, wow.

[01:11:11]

**Joyce Alt, RN, MS**

[01:11:11]

What's happening is younger and younger folks were coming in, and that's not bad. [ ]

[01:11:19]

**T. A. Rosolowski, PhD**

[01:11:20]

Well I mean, a lot of people have talked about the very haphazard mentoring that goes on. How do you know how to get yourself promoted, you know what do you do? And so you were really creating a system for this and that did not exist for faculty.

[01:11:38]

**Joyce Alt, RN, MS**

[01:11:38]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

No. Well, it didn't exist for nursing either [when seeking promotion].

[01:11:41]

**T. A. Rosolowski, PhD**

[01:11:41]

Yeah, you put in place.

[01:11:42]

**Joyce Alt, RN, MS**

[01:11:43]

There was discussion at times, when I'd go to different seminars, there's a need here to, you know. We've got to better educate our nurses and promote them to levels that they want. Well, our interpretation of that was the Career Ladder Program. And then, we went to schools of nursing, four hours [of oncology] isn't cutting it. So, they had faculty come over and review our [components for entry and promotion], and they did expand [the curriculum] and incorporate some of what we were doing, so at least there wasn't a sharp value [discrepancy] every time a new graduate walked in our building.

[01:12:39]

**T. A. Rosolowski, PhD**

[01:12:40]

Did you find it was difficult to attract nursing students to enter oncology nursing?

[01:12:47]

**Joyce Alt, RN, MS**

[01:12:48]

Honestly, I didn't try, but I wanted to, but having them there and afraid, and I was afraid for the patients. I mean we're giving drugs that, a wrong drug, [ ] you're dead, [or impaired]. So, we always worked with the schools of nursing, but to say we're going to throw a party just for the new graduates? No. We had to get them better prepared to take care of our patients.

[01:13:34]

**T. A. Rosolowski, PhD**

[01:13:41]

So how quickly did you start seeing some results from these initiatives?

[01:13:44]

**Joyce Alt, RN, MS**

[01:13:47]

By the time I got the [entire recruitment/retention] package bill [in place] [ ], we were down to

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

17 percent turnover, [the lowest in our nursing history].  
[01:13:54]

**T. A. Rosolowski, PhD**

[01:13:55]

Wow. Wow. And so that was like under a year?

[01:14:01]

**Joyce Alt, RN, MS**

[01:14:02]

I would say it was a year. [It may have taken several years, I don't recall for sure. This entire effort was a humungous project of job development, implementation, and evaluating.]

[01:14:02]

**T. A. Rosolowski, PhD**

[01:14:03]

[ ]

[01:14:05]

**Joyce Alt, RN, MS**

[01:14:06]

It was. I hired a full-time counselor that would be available to assist staff.

[01:14:20]

**T. A. Rosolowski, PhD**

[01:14:21]

And was this a counselor for—what were the kinds of issues that counselor dealt with?

[01:14:25]

**Joyce Alt, RN, MS**

[01:14:25]

Whatever the employees [needed].

[01:14:27]

**T. A. Rosolowski, PhD**

[01:14:27]

Okay.

[01:14:27]

**Joyce Alt, RN, MS**

[01:14:28]



Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

If they needed a place to cry, they needed a place to help better understand the care they're delivering. And she was available around the clock, was scheduled. A lot of that—and I never got into her business, because they had a trust, that that was between them and her. The only thing she has ever said to me was, "There's probably as much insecurity and need from external factors, family." But whatever. They needed it.

[01:15:12]

**T. A. Rosolowski, PhD**

[01:15:13]

Do you recall her name, the counselor?

[01:15:14]

**Joyce Alt, RN, MS**

[01:15:15]

Yeah. She's since died. Lee Brown.

[01:15:21]

**T. A. Rosolowski, PhD**

[01:15:21]

What an amazing job to have, listening in on them.

[01:15:23]

**Joyce Alt, RN, MS**

[01:15:23]

Yeah. And then I employed a full-time employee advocate, and I used that woman, she was my right hand. If I wanted to implement any kind of programs, she was there doing it. She developed employee recognitions. I made sure every Christmas, everybody got a Christmas letter. Big deal. It was to them.

[01:16:00]

**T. A. Rosolowski, PhD**

[01:16:01]

Yeah. What was your advocate's name?

[01:16:01]

**Joyce Alt, RN, MS**

[01:16:02]

Francine Wilson. She also has died. Birthdays, you know, things like that. [ ] I wanted her to be the first person to meet a new employee. You get shuffled around so much in personnel, and I wanted that to be a fresh face and helping hand, to introduce them to the Division of Nursing. Then we put in what I called "Build Your Own Package." We were getting nurses from

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

Louisiana because of that little move. Basically, for example, weekends were very hard to staff still. We said, “You put in 32 hours, 16 hours Saturday, 16 hours Sunday, we pay you for 40.” Those folks didn’t have to come back to work until a week, but they were getting full-time benefits and a 40-hour paycheck. We did that with so many different combinations. I went to a fire department, because I know they have to shuffle [working hours], and I said, “How do you manage your schedules?” They showed me, and I thought well, we can do that. [This] really helped us in recruitment and retention.

[01:17:42]

***T. A. Rosolowski, PhD***

[01:17:43]

And the institution backed you financially for doing that.

[01:17:45]

***Joyce Alt, RN, MS***

[01:17:46]

Always.

[01:17:46]

***T. A. Rosolowski, PhD***

[01:17:47]

Wow.

[01:17:48]

***Joyce Alt, RN, MS***

[01:17:48]

One day, Dr. LeMaistre said to me, ‘You’re just getting tired of working nights.’ I said... (laughs). Yeah. Mr. Gilley was tough as nails but I’ll tell you, he listened [when we talked] patient care. [We didn’t] floss him, [just brought] him the facts. You try to fool around, don’t come back, because he was just very tough, but he wanted us to have what we needed.

[01:18:27]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

## **Chapter 06: An Invention and Advancing Nursing Research** **B: Building the Institution;**

Codes

C: Discovery and Success;  
C: Healing, Hope, and the Promise of Research;  
B: MD Anderson Product Development and IP;  
A: The Researcher;  
B: Building the Institution;  
B: Building/Transforming the Institution;

***T. A. Rosolowski, PhD***

[01:18:28]

It sounds like you liked this job, the director job.

[01:18:30]

***Joyce Alt, RN, MS***

[01:18:30]

I did, I really did.

[01:18:32]

***T. A. Rosolowski, PhD***

[01:18:33]

What was it that really jazzed you about it?

[01:18:36]

***Joyce Alt, RN, MS***

[01:18:38]

Seeing the improvements, the increase in job satisfaction, putting in systems that I knew would improve patient care. [ ] [Employees being excited about it. Sponsoring a surprise party for me to say, Thank you, because things were better. On top of this, I was awarded a patent.]

[01:18:59]

***T. A. Rosolowski, PhD***

[01:19:00]

Tell me.

[01:19:00]

***Joyce Alt, RN, MS***

[01:19:02]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

The IV Administration Set. Patients would have [ ] probably 25-feet or more of IV tubing, from the bottle to them, and then it was all wound around, and the nurse would have to go and find out where the inlet is, to give him.  
[01:19:24]

**T. A. Rosolowski, PhD**

[01:19:24]  
And these were all the different—what were those tubes representing?  
[01:19:27]

**Joyce Alt, RN, MS**

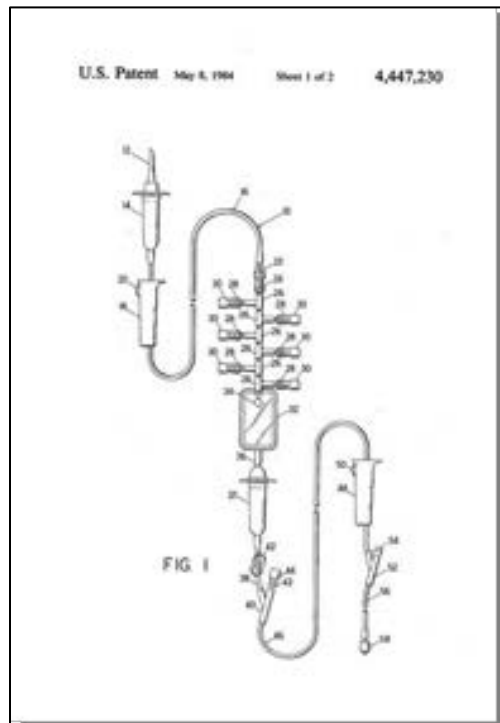
[01:19:28]  
For the IV, but it still didn't take care of the blood, so they had to stick them again.  
[01:19:34]

**T. A. Rosolowski, PhD**

[01:19:35]  
But if they had 25 tubes sticking out their arms.  
[01:19:37]

**Joyce Alt, RN, MS**

[01:19:37]  
No, I mean 25-foot, I mean it just went on forever and you couldn't—the way it was, there's no way you could retain a sterile environment. So I went to Pat, who was head of our Department of Nursing Research and Quality Assurance, and I said, "Can I get some people to help me? I want to try this." I got this image in my head, went to pharmacy and Roger said we're going to try, I think we've got something here. So then he called Quest, it's a medical supply company, and told them we wanted to do some research. So, I built it and it had filters in that would take—they call it dirt and it isn't dirt, but IVs, medication, chemotherapy, have a lot of trash in it and it clogs filters, so we put filters in of a certain microsystems and I would take out the trash and the patient would get the IV. We made ports different, so that the patient wouldn't have to be stuck again to give blood.<sup>1</sup>  
[01:21:14]



<sup>1</sup> <https://patents.google.com/patent/US4447230>;  
<https://patentimages.storage.googleapis.com/0d/e2/2a/45c10325eb16a9/US4447230.pdf>

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[01:21:14]

Oh, wow, yeah.

[01:21:15]

***Joyce Alt, RN, MS***

[01:21:15]

And so it just, I mean this took a lot of nursing research and training of people to be very objective about this, tell us what's good about it, what's bad, and we got it, and that took a long time.

[01:21:37]

***T. A. Rosolowski, PhD***

[01:21:38]

And this came to be known as the Patient Manifold, right?

[01:21:42]

***Joyce Alt, RN, MS***

[01:21:42]

Uh-huh.

[01:21:42]

***T. A. Rosolowski, PhD***

[01:21:43]

And that was patented in 1984, but when did it actually go into use? How long was it in development?

[01:21:50]

***Joyce Alt, RN, MS***

[01:21:51]

About a year and a half.

[01:21:52]

***T. A. Rosolowski, PhD***

[01:21:54]

Oh wow, okay.

[01:21:58]

***Joyce Alt, RN, MS***

[01:22:00]

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

Yeah, it was about a year and a half, to get our attorneys onboard. Roger was very good, Roger Anderson, who was head of pharmacy, and he knew the problems we were causing the patients. Not intentionally, but it was just the nature of the beast, and the patients loved it. Some of the wives would come down and tell me. So it was things like that, that kept me going, I enjoyed that kind of thing. Now, I don't know, I was told it was the most—I'm sure that's changed now, but it brought it more money to the institution than any other patent.

[01:22:51]

**T. A. Rosolowski, PhD**

[01:22:53]

When this was—I didn't note down when the—because I found an article about that. There was an article in the *Conquest*, written about patents at MD Anderson and it had a section. They even have a little picture of it, which I will put in your transcript, so anybody who looks at your transcript can see your Patient Manifold. And at the time that that article was written, it was still making the most money for MD Anderson, so it's kind of interesting to see.

[01:23:23]

**Joyce Alt, RN, MS**

[01:23:24]

I remember one of the other financial officers, we always had a patent party once a year, and he'd always introduce me as making the most money. I thought, "Honey, you missed the whole [point]..." (both laugh) And then we established an IV Team, because these patients' veins are so brittle, and they get stuck so many times, and they hate to even see you coming because it hurts so much. Some people are very good at it and some people aren't, and their whole goal, and they grew and grew and grew, around the clock, they started IVs and they put in the long-dwell catheters and physicians would call them because they could do it better.

[01:24:19]

**T. A. Rosolowski, PhD**

[01:24:19]

Wow. What is that catheter, what's the name of that?

[01:24:26]

**Joyce Alt, RN, MS**

[01:24:26]

A long line.

[01:24:27]

**T. A. Rosolowski, PhD**

[01:24:27]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

A long line, okay.  
[01:24:28]

**Joyce Alt, RN, MS**

[01:24:28]

Yeah. Milly Lawson was head of the team and she was traveling all around the United States. People were so impressed with how the manifold and their management of the IV lines reduced infection rates tremendously. And then JCAHO requirements included the dressing had to be changed minimally, every three days; that's a lot. That's fine, we got that in the computerized med record, they also could read. You had to document every bit of the dressing change of JCAHO would say you didn't do it.

[01:25:37]

**T. A. Rosolowski, PhD**

[01:25:38]

So what were some other changes that you instituted, because you were director for quite a while and you know, so there was an opportunity. I had a number of areas that there were changes in. I had the Career Ladder, but then there was this whole element Nursing and Research, because you had taken part in that yourself. So tell me about in the first part of your role as director, what were some of those—some other early problems that you were addressing in nursing at MD Anderson.

[01:26:14]

**Joyce Alt, RN, MS**

[01:26:14]

Well, turnover was impacting everything, everything, and so I really focused on retention. And then my chair for Nursing Research and Quality Assurance, Pat Tedder, she was a slugger, I mean she could get in with those researchers, because she was a researcher, and could hold her own. She got a nurse to sit on the Institutional Research Committee for the first time in [our] history.

[01:26:53]

**T. A. Rosolowski, PhD**

[01:26:53]

Wow.

[01:26:54]

**Joyce Alt, RN, MS**

[01:26:55]

She came back with many a scar but it was important.

[01:27:00]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[01:27:00]

So what was the rationale for that, having a nurse sit on the Research Committee?

[01:27:04]

***Joyce Alt, RN, MS***

[01:27:05]

We could submit research, number one, and it was credentialed and that kind of thing. It just made an impact on universities, to see nursing sitting at the table.

[01:27:29]

***T. A. Rosolowski, PhD***

[01:27:30]

What was around the timeframe in which she was able to get this to happen?

[01:27:34]

***Joyce Alt, RN, MS***

[01:27:35]

That was all this time. I mean, we're talking two or three years.

[01:27:38]

***T. A. Rosolowski, PhD***

[01:27:38]

So early '80s?

[01:27:38]

***Joyce Alt, RN, MS***

[01:27:39]

Yeah.

[01:27:40]

***T. A. Rosolowski, PhD***

[01:27:42]

Wow. So when you said she came back with many a scar, what would have been the reasons for that? What would have been the contentiousness?

[01:27:56]

***Joyce Alt, RN, MS***

[01:27:57]

She didn't have a PhD. [ ] She hire a nursing researcher with a PhD, so they both became



Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

members. But, the neat thing was before the impact would hit the unit and the patient, we were ready for it. If you had to prepare for this, which you generally did, some of these terrific changes in protocols, we knew it was going to happen and we could prepare the staff, get the right supplies. So from that standpoint it was also good.

[01:28:46]

***T. A. Rosolowski, PhD***

[01:28:46]

So are you talking about—because I'm not sure I'm understanding the situation you're describing. Are you saying like based on research, there was a new procedure?

[01:28:57]

***Joyce Alt, RN, MS***

[01:28:58]

A new protocol.

[01:28:59]

***T. A. Rosolowski, PhD***

[01:28:59]

A new protocol.

[01:28:59]

***Joyce Alt, RN, MS***

[01:28:59]

And most of this was medications. So if it was going to crash their red blood cells, be ready for it.

[01:29:08]

***T. A. Rosolowski, PhD***

[01:29:08]

Right, okay. So the idea was that the procedure would be discussed on the Research Committee, the nursing representative would be part of this and know, and could kind of pass the information.

[01:29:19]

***Joyce Alt, RN, MS***

[01:29:20]

And [also vote to approve or disapprove] medical staff research.

[01:29:22]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[01:29:22]

Okay. Oh, okay, yeah.

[01:29:24]

***Joyce Alt, RN, MS***

[01:29:24]

Okay. I mean that was a biggie.

[01:29:25]

***T. A. Rosolowski, PhD***

[01:29:25]

So what were some of the reasons why research would not be approved?

[01:29:34]

***Joyce Alt, RN, MS***

[01:29:36]

I'm just going to say the rationale was not sound [or, e.g. the provenance may not have been clear, they could not agree on the purpose or the procedure was not clear.]

[01:29:40]

[Redacted]

***T. A. Rosolowski, PhD***

[01:30:09]

There was just so much conversation, because this is the time too, there's a lot of discussion in the institution, you know the ethics of randomized versus non-randomized trials. How aggressive can you be? Can a patient really consent to something that's incredibly aggressive if they are desperate? You know I mean all of these questions.

[01:30:35]

***Joyce Alt, RN, MS***

[01:30:36]

Oh, sure, they're real.

[01:30:37]

***T. A. Rosolowski, PhD***

[01:30:37]

They're very real and so I'm interested to understand kind of what were the issues that, from a nursing perspective, were coming up.

[01:30:47]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

[Redacted]

**Joyce Alt, RN, MS**

[01:31:21]

It was a thing, nursing shouldn't be approving medical research. You know it's just the time, but it worked out. It worked out and some good brawls going on up there, that's the way it should be, and respect was gained on both sides.

[01:31:47]

**T. A. Rosolowski, PhD**

[01:31:47]

Oh, well that's a positive for sure, because a lot of the discussions I have about the creation of these, what they're now calling interprofessional teams, or multidisciplinary teams, where you've got people from different specialties, but also different services within the institution, who are coming together. Well that's all well and good but it's still very, very difficult for a person who is a nurse, to say to a doctor, "Hey wait a minute."

[01:32:18]

**Joyce Alt, RN, MS**

[01:32:19]

Yes. That's just the nature of the beast.

[01:32:22]

**T. A. Rosolowski, PhD**

[01:32:21]

Right. So how do you create that environment in which there is enough respect where that can happen?

[01:32:27]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

## **Chapter 07: *The First AIDS Unit*** **B: Building the Institution;**

Codes

B: Building/Transforming the Institution;

B: Multi-disciplinary Approaches;

B: Obstacles, Challenges;

B: Institutional Politics;

B: Controversy;

B: Devices, Drugs, Procedures;

B: MD Anderson Culture;

B: Working Environment;

A: Professional Values, Ethics, Purpose;

A: Critical Perspectives;

C: Human Stories;

C: Offering Care, Compassion, Help;

C: Patients; C: Patients, Treatment, Survivors;

C: Cancer and Disease;

***Joyce Alt, RN, MS***

[01:32:28]

During my tenure, we started the first AIDS Unit.

[01:32:33]

***T. A. Rosolowski, PhD***

[01:32:34]

Oh, I didn't know that.

[01:32:35]

***Joyce Alt, RN, MS***

[01:32:35]

My God, you can imagine.

[01:32:37]

***T. A. Rosolowski, PhD***

[01:32:37]

Tell me about that.

[01:32:38]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

**Joyce Alt, RN, MS**

[01:32:38]

Oh dear God, that was a nightmare, preparing the staff for something that no one really knew that much about, except Dr. Hickey, bless his heart, he said he experienced... I just loved the man. A big thing with an AIDS patient was trying to control their [bowel movements], and he said in the Army, they had [ ] [a form of dysentery so] they put them in troughs, [ ] [to manage the copious stools]. This unit volunteered to be the AIDS Unit.

[01:33:22]

**T. A. Rosolowski, PhD**

[01:33:22]

Which unit was that?

[01:33:24]

**Joyce Alt, RN, MS**

[01:33:24]

10-LP. Now, I don't know what it is now.

[01:33:30]

**T. A. Rosolowski, PhD**

[01:33:31]

And what did they usually do, 10-LP?

[01:33:33]

**Joyce Alt, RN, MS**

[01:33:33]

They had some leukemia, but it was a medical oncology unit. Other than the fact that these patients were deathly ill, you're still learning [to manage] them. The social issues were humungous. The patients' [families] didn't know they were gay, [ ] and so they'd come in and we'd have them in isolation, their boyfriend, girlfriend, sitting there and I mean it was just a nightmare for those people, and they did unbelievable things to deal with that in a professional manner.

[01:34:21]

**T. A. Rosolowski, PhD**

[01:34:22]

What were some of the strategies they used?

[01:34:24]

**Joyce Alt, RN, MS**

[01:34:24]

Making Cancer History\*

Interview Session: 01

Interview Date: May 29, 2018

To keep their sanity, they called themselves the “poop patrol.”  
[01:34:33]

***T. A. Rosolowski, PhD***

[01:34:36]

Humor works.

[01:34:37]

***Joyce Alt, RN, MS***

[01:34:38]

I mean the feces were just volumes. Let me tell you, they let people know that it wasn't right not to respect the choices they made or the illness they had. It was tremendous and they learned and they taught each other, because they were walking into, [so many unknowns at this time]. How infectious is this?

[01:35:18]

***T. A. Rosolowski, PhD***

[01:35:19]

So this was also early '80s we're talking about here, when all this was happening, yeah. Now was it controversial for the institution to put in a service of this kind?

[01:35:28]

***Joyce Alt, RN, MS***

[01:35:29]

Yes.

[01:35:29]

***T. A. Rosolowski, PhD***

[01:35:29]

What were some of the conversations about this?

[01:35:31]

***Joyce Alt, RN, MS***

[01:35:33]

I hate to even tell you. [ ] [Some deserted taking care of their patients. Some were afraid due to the many unknowns and some didn't know how to talk with the patients and families in this social stigma.]

[01:35:41]

***T. A. Rosolowski, PhD***

[01:35:41]

Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

Oh, wow.  
[01:35:41]

**Joyce Alt, RN, MS**  
[01:35:42]  
I mean it was bad.  
[01:35:42]

**T. A. Rosolowski, PhD**  
[01:35:43]  
Oh my goodness, yeah.  
[01:35:45]

**Joyce Alt, RN, MS**  
[01:35:46]  
And the thing that surprised me so...  
[01:35:48]

**T. A. Rosolowski, PhD**  
[01:35:48]  
Wow. People can make strange decisions based on their beliefs.  
[01:35:52]

**Joyce Alt, RN, MS**  
[01:35:52]  
I thought it would be the young staff who—the young medical staff, who understood this social dilemma. No, it was the old folks, the older staff, who understood. I mean they didn't know either, what was doing all this, but they recognized the suffering and understood the emotional impact it had on the family. Some of these patients were terrible. They would hang leather [clothes] in their room [as a symbol of their lifestyle] [ ] It was just there were so many social issues here that were just unbelievable.  
[01:36:45]

**T. A. Rosolowski, PhD**  
[01:36:47]  
How long did it take for the kind of controversy to die down or to change in character?  
[01:36:56]

**Joyce Alt, RN, MS**  
[01:36:57]  
A long time I think, [ ], because I would sit in the meetings and hear [unbelievable issues] about

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

their social life. You know it was sort of like they got AIDS because they deserve it, and that sounds terrible but [ ] [everyone was learning how to deal with this terrible disease and foreign lifestyle to many.]

[01:37:19]

***T. A. Rosolowski, PhD***

[01:37:20]

But that's what people were saying at the time. I remember the news, it was all over the place.

[01:37:24]

***Joyce Alt, RN, MS***

[01:37:26]

And the suffering, oh God, the suffering those people went through in isolation. You couldn't walk into their room without being [garbed in full protective clothing].

[01:37:44]

***T. A. Rosolowski, PhD***

[01:37:47]

Thank goodness for the antiretrovirals.

[01:37:49]

***Joyce Alt, RN, MS***

[01:37:51]

Yeah, it has really improved [today] but they went through hell.

[01:37:54]

***T. A. Rosolowski, PhD***

[01:37:55]

Yeah. Do you think the institution as a whole, learned something from that experience, you know having that happen here? Did it raise awareness or just do anything?

[01:38:14]

***Joyce Alt, RN, MS***

[01:38:14]

[ ] [I think so and] I'll tell you, also from that, a doctor left the institution and went out and established a practice just for AIDS patients.

[01:38:39]

***T. A. Rosolowski, PhD***

[01:38:40]



Making Cancer History®  
Interview Session: 01  
Interview Date: May 29, 2018

Really?  
[01:38:40]

**Joyce Alt, RN, MS**  
[01:38:41]  
Yeah.  
[01:38:41]

**T. A. Rosolowski, PhD**  
[01:38:43]  
Do you remember that person's name?  
[01:38:43]

**Joyce Alt, RN, MS**  
[01:38:44]  
No.  
[01:38:44]

**T. A. Rosolowski, PhD**  
[01:38:44]  
That's all right.  
[01:38:47]

**Joyce Alt, RN, MS**  
[01:38:47]  
Rios, Rios. I don't know his first name. I don't know if he's still in private practice or not. [The head nurse on that unit would publicly take on anyone who had negative commentary about this unit.]  
[01:38:57]

**T. A. Rosolowski, PhD**  
[01:38:58]  
Interesting. Well, we're at just about five minutes of three. Do you want to close off for today and make another time?  
[01:39:10]

**Joyce Alt, RN, MS**  
[01:39:10]  
Yeah, that would be fine.  
[01:39:11]

Making Cancer History®

Interview Session: 01

Interview Date: May 29, 2018

***T. A. Rosolowski, PhD***

[01:39:11]

Yeah, that sounds good.

[01:39:14]

***Joyce Alt, RN, MS***

[01:39:14]

Let me see where I am on my—

[01:39:14]

***T. A. Rosolowski, PhD***

[01:39:15]

Okay, you make a note and I will just say for the record, I'm turning off the recorder at five minutes of three.

[01:39:22]

[End of Audio File]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

**Interview Session Two: June 18, 2018**

**Chapter 00B**  
***Interview Identifier***

***T. A. Rosolowski, PhD***

[00:00:02]

Okay, our counter is moving and it is 1:00 p.m., on the 19th of June, 2018, and I'm in the home of Joyce Alt, for our second session together. Thanks very much, for making time today.

[00:00:17]

***Joyce Alt, RN, MS***

[00:00:18]

You're very welcome.

[00:00:19]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

## **Chapter 08: *Building the Foundation for the Shared Governance System*** **B: Building the Institution;**

Codes

B: Building/Transforming the Institution;

C: Leadership; D: On Leadership;

B: MD Anderson Culture;

B: Working Environment;

B: Growth and/or Change;

B: Obstacles, Challenges;

***T. A. Rosolowski, PhD***

[00:00:20]

We were strategizing ahead and we were starting to talk about the context of the shared governance model, and you were talking about some of the findings in your thesis. So maybe you could just sort of recap that a little bit and then go on.

[00:00:35]

***Joyce Alt, RN, MS***

[00:00:36]

Because turnover was so high and it was almost like it was contagious or infectious in the medical center, and we were just sending nurses around the round robin, you know for \$50 more they'd move to Methodist, or vice versa. Of course, we always had this legitimate excuse in people's heads; you're a cancer hospital, you should expect turnover.

[00:01:07]

***T. A. Rosolowski, PhD***

[00:01:07]

And why was that the expectation?

[00:01:10]

***Joyce Alt, RN, MS***

[00:01:11]

People... I mean, it's such a great change now. They just thought it was a place for people who would suffer until they died, and they didn't know if they could tolerate that day after day. And I thought no, there's much more here, and I feel it and I've heard people talk about it. So that's what I did on my thesis, and I didn't use the standard [approach by asking participants to rank published reasons for turnover in various settings]. I left open-ended questions. You tell me why you think there's turnover, what it impacts. It took me forever to grade those things, but the

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

bottom line was the biggest reason people came and stayed at Anderson was care of the patient. We could no longer blame them for our turnover. Then, when I looked at the other reasons, they were sort of typical with what other findings had been. Management wasn't listening, salaries were poor, I mean no chance for promotion and blah-blah, very standard.

[00:2:34]

**T. A. Rosolowski, PhD**

[00:02:35]

How did that connect up with the shared governance model?

[00:02:40]

**Joyce Alt, RN, MS**

[00:2:40]

Well, I felt they didn't have an avenue for change or really to voice their opinions, so one of the first things I did was [discuss appropriate protocol]: "I would like for you to view your unit as a community. Every member there is part of that community, and I don't mean the transients. So, a physician should become a part of your community and have a voice in the changes that will be made." Part of that change was I would meet with a representative of the community once a month, and they could come to me and talk about suggestions for change or problems. I told them I didn't want any problems without solutions and if there were none on their heads, then we've got to work on that. There was, I'm not—I don't want to hear about your coworkers, I don't want to hear about your Head Nurse. If you've got gripes there, that goes back to your community and you work it out. So that's just how we started really. [I recall several months when one of the groups brought to a meeting that they wished I could do something about the torn flag in the yard.]

[00:04:06]

**T. A. Rosolowski, PhD**

[00:04:07]

What were the kinds of things you heard as issues?

[00:04:11]

**Joyce Alt, RN, MS**

[00:04:12]

Sort of what I had in my thesis, that they weren't going to get anywhere unless they got a master's, most of the time, and then, when I got my master's, only 11 percent in the United States had a master's. So I thought it was sort of real to them, that if you don't want to get a bachelor's, it's going to be hard for you to get ahead.

[00:04:41]

**T. A. Rosolowski, PhD**

[00:04:43]

Making Cancer History<sup>®</sup>

Interview Session: 02

Interview Date: June 18, 2018

How did you start acting on some of these issues? I know we talked in general about some of it, but it sounds like there were some real specific things that were coming up in these different communities.

[00:04:56]

**Joyce Alt, RN, MS**

[00:04:57]

Well, it was a lot of times, just directed at the institution, period. Salaries was always big, lack of interfacement with other disciplines, you carry responsibility for that too. So, we just worked on, a lot of it was just human relationships and setting goals that were realistic. The neat thing about it was at that time, there were supervisors. Supervisors always had to approve the time schedules. If they got in trouble in their staffing, who did they call? The supervisor, or if they were angry enough, they'd call me, and staffing is your problem, it's not my problem, you've got to work on this. Now, you've got to be realistic, if you don't have much you aren't going to get there, but we had to turn over the management to that Head Nurse and even that meant you coming in sometimes, off your schedule, that's what this is all about. So actually, that took a while but we transitioned to, particularly management of time and off shifts, staffing, and because they were solving itself, they were soothed in so many ways.

[00:06:38]

**T. A. Rosolowski, PhD**

[00:06:39]

Yeah, when people have control over their own situation, it makes a big difference. Now you mentioned that, am I correct, did I hear you correctly, that you said that the physicians were also part of this community.

[00:06:51]

**Joyce Alt, RN, MS**

[00:06:51]

Yes.

[00:06:51]

**T. A. Rosolowski, PhD**

[00:06:52]

Because that really goes to an interesting challenge about hierarchy and who has a voice and who doesn't, and authority. And also, if I'm not adding too much onto this conversation, sort of that traditional balance between nurse and doctor, what's that all about. So how did the shared model and the kind of solutions you were starting to implement, how did that start to address those issues?

[00:07:20]

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:07:21]

Well, for one thing, there weren't any surprises to the physicians, and I'm sure we had many previously. [ ] If [nurses were having problems with residents, talk it over with the medical director. If practices on the unit were in question, talk it over as a group; the group becomes a change agent without initiating change via the administration. [ ] Not all physicians bought into this [concept but it was great and very effective when they did.]

[00:07:43]

**T. A. Rosolowski, PhD**

[00:07:44]

No, I don't. I mean, so what was the resistance from?

[00:07:47]

**Joyce Alt, RN, MS**

[00:07:48]

Didn't have time, probably didn't believe in the concept, but those who did really contributed. They could identify problems that unit needs to work on, or if he's having trouble with a nurse, went to the nurse manager, not to me. Get those problems solved at the unit level. So we eventually called it the self-governance model and it's still there. It isn't in the structure that—because it doesn't need that much structure once it became of age.

[00:8:30]

**T. A. Rosolowski, PhD**

[00:08:31]

It sounds like it's kind of skill building, with interpersonal skills too.

[00:08:37]

**Joyce Alt, RN, MS**

[00:08:37]

Oh, sure.

[00:08:38]

**T. A. Rosolowski, PhD**

[00:08:40]

How did you support that? Did you find that people needed some training or advice on how to manage conflict?

[00:08:47]

**Joyce Alt, RN, MS**

[00:08:047]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Well, I did two things. I hired a full-time counselor, because people were struggling in a lot of different ways. It just wasn't working at Anderson and they needed, around the clock, so she was available around the clock, not by drop in, she couldn't have humanly possibly taken care of it, by appointment. So if you were having trouble with your family, you were having trouble with a coworker, and they're not resolving it at the unit level, let me work with you, let me give you some skills to use. That was received well. It was highly confidential and everybody had to know that, or it would never have worked. Then I hired an employee advocate that, God, she saved me so many hours. She was the first to greet any employee coming for a job, because I'll tell you, they can get lost real fast at human resources, and that was a complaint. Or, nobody was answering the phone. [We published Francene Williams' phone number so inquiries didn't get lost.] [ ] I said [to Francene], "Build me a recognition program." She did. She sent out holiday greetings, birthday greetings. That may not sound like a lot, but it was to those people, special. She was always there, always there. And then we were having trouble with [the economy], I said, "Please build me a food bank," and [with the] highest degree of competence, she did it. [We wanted to set up a program where HA and LONs could work toward an A.A degree or an LVNs. She set the wheels in motion.]

[00:10:47]

***T. A. Rosolowski, PhD***

[00:10:48]

What was the food bank for?

[00:10:50]

***Joyce Alt, RN, MS***

[00:10:50]

Anybody who needed—occasionally, we would have to give out money, which came out of our own pockets. Most of it was just food for their families.

[00:11:00]

***T. A. Rosolowski, PhD***

[00:11:00]

And this is for employees?

[00:11:01]

***Joyce Alt, RN, MS***

[00:11:02]

Yes.

[00:11:02]

***T. A. Rosolowski, PhD***

[00:11:03]



Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

So how did that ever happen, you know that kind of financial hardship?

[00:11:06]

**Joyce Alt, RN, MS**

[00:11:06]

Well, she—we asked for donations from our higher level staff and Francene could do anything.

[00:11:18]

**T. A. Rosolowski, PhD**

[00:11:18]

And Francene, this was the employee advocate?

[00:11:20]

**Joyce Alt, RN, MS**

[00:11:20]

Yeah.

[01:00:00]

**T. A. Rosolowski, PhD**

[00:11:21]

And her last name?

[00:11:21]

**Joyce Alt, RN, MS**

[00:11:21]

Wilson. She died recently.

[00:11:24]

**T. A. Rosolowski, PhD**

[00:11:24]

Now, were these—what was the scenario in which the employees had to ask for access to the food bank?

[00:11:34]

**Joyce Alt, RN, MS**

[00:11:35]

Oh. They went strictly to her. [ ] I mean she would have killed if anybody spilled what was discussed, you know?

[00:11:44]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:11:45]

So this was very confidential as well.

[00:11:46]

***Joyce Alt, RN, MS***

[00:11:46]

Oh, yeah. I never even knew any more.

[00:11:51]

***T. A. Rosolowski, PhD***

[00:11:52]

Now, would have this come about in a situation where a spouse had lost a job?

[00:11:57]

***Joyce Alt, RN, MS***

[00:11:57]

Or illness, a lot of illness, divorce, abuse, just like you see in the papers today.

[00:12:10]

***T. A. Rosolowski, PhD***

[00:12:10]

Yeah, yeah.

[00:12:11]

***Joyce Alt, RN, MS***

[00:12:11]

And they were afraid to let it out, just always a fear, particularly in abuse cases, but Francine managed it.

[00:12:24]

***T. A. Rosolowski, PhD***

[00:12:25]

Wow, that's really something. I wanted to ask you. You mentioned that there were some physicians that were very supportive. Who were those folks?

[00:12:36]

***Joyce Alt, RN, MS***

[00:12:36]

They were the ones who had their primary service on that unit.

[00:12:38]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:12:39]

Yeah. I mean do you recall any names, any people who contributed to this?

[00:12:43]

***Joyce Alt, RN, MS***

[00:12:43]

Dr. Raber [oral history interview], I know he's done a lot of other things, and honestly, I can't [honestly recall names but their faces will always be in my mind.]

[00:12:51]

***T. A. Rosolowski, PhD***

[00:12:51]

That's fine. Now, how long did it take before you started to see kind of a real—all of the elements of this program started to really get traction?

[00:13:07]

***Joyce Alt, RN, MS***

[00:13:08]

You know, I said at the beginning, I put the graph on the wall, 90 percent.

[00:13:16]

***T. A. Rosolowski, PhD***

[00:13:16]

That's right.

[00:13:17]

***Joyce Alt, RN, MS***

[00:13:17]

And I would say that in time, people believed we were walking like we were talking. I would say four or five months, I could see things happening. Well, jealousy for one thing [also was felt], and that bothered me but you know, you can only do so much. [ ]...

[00:13:45]

***T. A. Rosolowski, PhD***

[00:13:45]

Do you want me to turn off the recorder?

[00:13:47]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:13:47]

No, no. One of the things I had a problem with was I was seen as having too much power, and I [never thought] of it that way. I was there to do my job.

[00:14:02]

**T. A. Rosolowski, PhD**

[00:14:02]

When you say you saw, who did you see having too much power?

[00:14:06]

**Joyce Alt, RN, MS**

[00:14:06]

Oh, people said I did.

[00:14:07]

**T. A. Rosolowski, PhD**

[00:14:07]

Oh, you did.

[00:14:09]

**Joyce Alt, RN, MS**

[00:14:10]

Yeah. And I could see somewhat. I fought for those nurses, I had to get their salaries up. If we weren't competitive, forget it. [But it was more than money. This was building self-respect, confidence in their abilities and willingness to share their expertise with peers.]

[00:14:21]

**T. A. Rosolowski, PhD**

[00:14:22]

That's just the reality.

[00:14:22]

**Joyce Alt, RN, MS**

[00:14:23]

Yeah. We were heavy into the temporary nursing staff, and had them working side-by-side, and this nurse coming in sporadically, making probably \$10 to \$12 more an hour, that doesn't work. So I beat on the bushes and thank God, and I put this somewhere. Dr. Hickey, Dr. LeMaistre, and Mr. Gilley, they listened to me, you know I had—personally, because I didn't know Mr. Gilley, and somebody told me, he's the person to get it done, don't ever lie to him, because he'll, you know. That wasn't my practice anyway, but I laid it to them like I saw it and within about

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

three or four months, we had temporary nurses out of the building, because they got our salaries competitive. But a big thing this time, part of going, is I had our payroll computerized, because that was terrible. People couldn't get their checks on time and a lot of those folks lived from Friday to Friday, no question. All those things helped.

[00:16:02]

***T. A. Rosolowski, PhD***

[00:16:02]

Now it sounds like a big part of what you were able to do, was to really accurately communicate to executive leadership, what was needed. Did you strategize about how to do that, or what was it that made you be successful in communicating these needs?

[00:16:22]

***Joyce Alt, RN, MS***

[00:16:23]

I told the truth, I thought that was my most powerful tool, and kept them informed. And then we put in the Career Ladder Program. Now that took hours and months, but it was because of my thesis, because of what I was planning on, we found a way that they could advance and not have to go into management. We took our most clinically sound people and promoted them to Head Nurses. This may or may not work, but that's the only way one person on a unit could get ahead. So we developed the Career Ladder and had three facets; clinical, education, and research. The clinical had two components. It was a clinical and a management, but that was the clinical. And so people now could advance by becoming more highly skilled clinically, and so we had three levels and then they master's prepared and that worked out. Education already had some levels of separation in their instructor, so that was easy to plug in. What was not easy to plug in was research.

[00:17:59]

***T. A. Rosolowski, PhD***

[00:18:00]

What were some issues that came up with research?

[00:18:03]

***Joyce Alt, RN, MS***

[00:18:04]

First of all, a nurse had never been on the Institutional Research Committee.

[00:18:13]

***T. A. Rosolowski, PhD***

[00:18:13]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Yeah, you mentioned that you got—what was the name of the woman who sat on it?  
[00:18:17]

***Joyce Alt, RN, MS***

[00:18:17]

Pat Tedder.

[00:18:17]

***T. A. Rosolowski, PhD***

[00:18:18]

Pat Tedder, yeah, the first one ever.

[00:18:20]

***Joyce Alt, RN, MS***

[00:18:21]

And helped—we never could get any funding there, and with her there, she started getting funding, but it took a long time. As an institution, we were walking on hallowed ground and, ‘don’t take any of our money’ kind of thing.

[00:18:41]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

## **Chapter 09: Successes in Strengthening Nursing Community and Practice** **B: Building the Institution;**

Codes

B: Building/Transforming the Institution;

C: Leadership; D: On Leadership;

B: MD Anderson Culture;

B: Working Environment;

B: Growth and/or Change;

B: Obstacles, Challenges;

***T. A. Rosolowski, PhD***

[00:18:42]

How was this also—because I'm thinking here are all these changes that are taking place within an institution, but then also nationally, there are advancements in thinking about nursing as an entire practice. What does it mean to be a nurse? What is nursing as a clinical practice, as a research practice? Now, did you see... How did you see MD Anderson keeping pace with those thoughts in the field at large?

[00:19:09]

***Joyce Alt, RN, MS***

[00:19:10]

Well, this sounds egotistical but I don't mean it that way. There aren't that many [great] cancer hospitals in the United States. So, I think we rode on the coattails of the reputation of the institution and that allowed us to build more naturally. Competition from other hospitals just really wasn't there. Some though, were ahead in research, because they did have research programs, but Pat got the schools of nursing to also come and do their research. It was just growth, a period of growth, but the jealousy and all this, it was hard. I'd get a few black eyes once in a while. I wasn't doing enough for anybody else, I was only concerned about nursing, and I would be criticized for that.

[00:20:24]

***T. A. Rosolowski, PhD***

[00:20:24]

Now these were African American nurses?

[00:20:28]

***Joyce Alt, RN, MS***

[00:20:28]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

No, the other management in the institution.

[00:20:32]

***T. A. Rosolowski, PhD***

[00:20:32]

Oh, I see.

[00:20:34]

***Joyce Alt, RN, MS***

[00:20:36]

They didn't have to worry about getting people there, to staff the hospital around the clock, you know ward clerks weren't that hard to find, nurses were. So I'm sure we were seen as the privileged in getting—and I was criticized and I don't really care. We had time and a half for nurses, unheard of, but that became part of... With the Career Ladder, we graded every person that came in and we put them on the rung that they belonged with their points, but the next rung and the next rung, always was an increase in salary, but in addition to that, for the first time, we could pay them for overtime and others said well, that's not very professional.

[00:21:46]

***T. A. Rosolowski, PhD***

[00:21:47]

Why is that not professional?

[00:21:48]

***Joyce Alt, RN, MS***

[00:21:49]

You shouldn't be paying professionals overtime. And when things got better, it got worse for me, on the overtime bit, but that's what it was.

[00:22:08]

***T. A. Rosolowski, PhD***

[00:22:09]

Now what did you see accomplished, because you're talking about how a lot of changes started to be visible after only 4 or 5 months. Now how about after five years, how about after ten years? How did all of this new culture of self-governance and support for nurses change?

[00:22:29]

***Joyce Alt, RN, MS***

[00:22:29]

I'm trying to think of when. Anyway, when I left, which was not on good circumstances, but



Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

somewhere in there, our turnover went down to [17] percent and has stayed there.  
[00:22:46]

***T. A. Rosolowski, PhD***

[00:22:44]

Wow. Okay.

[00:22:48]

***Joyce Alt, RN, MS***

[00:22:49]

And it wasn't any one factor. I also got highly criticized [in the professional nurse community] because I started the Medication Technician Program.

[00:23:01]

***T. A. Rosolowski, PhD***

[00:23:01]

What's that?

[00:23:02]

***Joyce Alt, RN, MS***

[00:23:03]

I did it with a physician who I knew would support me and contribute highly. I felt that if we can teach patients' families to give their medicine, why can't we teach others to do the same? The medication load in that hospital is enough to crush, you know crush you.

[00:23:31]

***T. A. Rosolowski, PhD***

[00:23:33]

Tell me about that. I'm sorry if I'm digressing here, but you know, I really don't know what you're talking about in terms of the medication being a nightmarish situation.

[00:23:43]

***Joyce Alt, RN, MS***

[00:23:43]

Pain, nausea, chemotherapy, blood, and then whatever health situations go on with that. Medication load was terrible. Thank goodness we had a pharmacy who mixed our drugs. That took off, well, we got these people from U of H [University of Houston], we got quite a few from U of H. You had to have two years of college, preferably science, math, and we educated you on how to give drugs safely, never independently, and that was the key. So if the patient needed for pain unit, you'd go to the Kardex and say give them Dilaudid, and I looked in my chart, well hasn't had it since one o'clock, I could do that. No you can't. You say to the nurse, 'can I give

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

this?' 'Yes.' I mean it really took off the burdens, particularly on weekends.

[00:24:53]

***T. A. Rosolowski, PhD***

[00:24:54]

So this was a group of individuals that you hired. What was the education level you required?

[00:24:59]

***Joyce Alt, RN, MS***

[00:24:59]

Two years of college.

[00:25:00]

***T. A. Rosolowski, PhD***

[00:25:01]

Two years of college, and then they could—was this a full-time position?

[00:25:04]

***Joyce Alt, RN, MS***

[00:25:05]

Yes.

[00:25:05]

***T. A. Rosolowski, PhD***

[00:25:05]

Wow. Now how many of these individuals did you hire?

[00:25:08]

***Joyce Alt, RN, MS***

[00:25:09]

I bet you about 40.

[00:25:09]

***T. A. Rosolowski, PhD***

[00:25:10]

Oh wow, okay.

[00:25:10]

***Joyce Alt, RN, MS***

[00:25:11]

And the Board of Nurses called me up [ ] to testify and everything, but that's okay, we came out

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

fine.

[00:25:18]

***T. A. Rosolowski, PhD***

[00:25:19]

Now, did these individuals serve inpatients and outpatients?

[00:25:24]

***Joyce Alt, RN, MS***

[00:25:24]

Well, the outpatients aren't, at that time, really weren't giving that many drugs, so the nursing staff could manage that. Two things. This self-governance model, the other thing it helped with, we always had you work in the outpatient and you work in the inpatient. We never crossed the Mason-Dixon line and what we were trying to do is pass that philosophy on. It was very hard and I'm not real sure why, but I think when you've got, in the outpatient units, the physician/nurse relationship was much stronger, I mean they were working together eight and ten hours a day. If we could start training to go back and forth you know, it made sense.

[00:26:26]

***T. A. Rosolowski, PhD***

[00:26:26]

What would you see as the advantages if people could move back and forth?

[00:26:32]

***Joyce Alt, RN, MS***

[00:26:32]

Oh, the patients, they know... The patients treated on the inpatients, they go to the outpatient, and they know these nurses here, the nurses know the nurses here, they send them back when they're needed. It was more like everything wasn't new.

[00:26:55]

***T. A. Rosolowski, PhD***

[00:26:55]

Right.

[00:26:57]

***Joyce Alt, RN, MS***

[00:26:57]

The other component we plugged in which helped us to manage is the Build Your Own Package time management.

[00:27:06]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:27:06]

Oh, right. Yeah, you mentioned that last time and that was selecting shifts.

[00:27:14]

***Joyce Alt, RN, MS***

[00:27:14]

Yeah. We had nurses driving in from Louisiana.

[00:27:17]

***T. A. Rosolowski, PhD***

[00:27:17]

Really?

[00:27:17]

***Joyce Alt, RN, MS***

[00:27:17]

Yeah. Because they could work two 16-hour shifts in a week and they were through. We brought people out of semi-retirement, it was good pay.

[00:27:36]

***T. A. Rosolowski, PhD***

[00:27:37]

And these would be experienced people too.

[00:27:39]

***Joyce Alt, RN, MS***

[00:27:39]

Oh yeah, because we would be grading them, putting them on the ladder too. Nobody could come into the Division of Nursing without being graded.

[00:27:49]

***T. A. Rosolowski, PhD***

[00:27:50]

And what was the grading, how did that process take place?

[00:27:54]

***Joyce Alt, RN, MS***

[00:27:55]

The Director of Nursing was the final person to okay hires and she would interview. We had the

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

criteria, you know if you had six years of oncology nursing somewhere, that brought you a lot of points on the ladder. Anyway, the person was interviewed and it was shared with them, what rung they would be placed at.

[00:28:27]

***T. A. Rosolowski, PhD***

[00:28:28]

And I'm sure that sometimes, that kind of grading is done almost in an environment of secrecy, you know there's not a lot of clarity about how people are being assessed.

[00:28:41]

***Joyce Alt, RN, MS***

[00:28:41]

Yeah, and this was all published.

[00:28:42]

***T. A. Rosolowski, PhD***

[00:28:42]

Yeah, yeah. So that must have been really helpful.

[00:28:46]

***Joyce Alt, RN, MS***

[00:28:46]

It was, and I thought it was fair. Like you said, no surprises, and you're right, because let's say a real strong nurse came in. Well, you had to prove yourself, we all know that, as a new employee, but then the jealousy can set in, because she wasn't sure how she got there. So, yeah, that helped. I went to it --actually, we're not the only people on earth that have trouble with staffing 24 hours a day, seven days a week and holidays. I went to a fire department and I said how do manage your--tell me about your staffing. I'm concerned, you've got some of the similar problems, and they showed me some patterns, and that's what they were doing, but on a much smaller scale. But I sure learned a lot from them and then we adjusted.

[00:29:55]

***T. A. Rosolowski, PhD***

[00:29:55]

I mean it's interesting because I think a lot of employees run into challenges in communicating to operations people that flexibility in their scheduling might be really helpful and very advantageous to the work they have to do. It sounds like you were really, really open to lots of different scenarios for scheduling.

[00:30:22]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

[Redacted]

***T. A. Rosolowski, PhD***

[00:31:12]

Oh, is this—you talked about the Patient Manifold the last time.

[00:31:15]

***Joyce Alt, RN, MS***

[00:31:15]

Well yeah, but we established an IV Team.

[00:31:18]

***T. A. Rosolowski, PhD***

[00:31:19]

Okay, yeah, tell me about that.

[00:31:20]

***Joyce Alt, RN, MS***

[00:31:22]

It was headed by Millie Lawson, she's just a phenomenal person and so smart, and she worked with a physician, and I'm sorry, I can't remember [his name]. Anyhow, he was the medical director for the team and knew his stuff, and they started IVs around the clock, seven days a week [ ].

[00:31:50]

***T. A. Rosolowski, PhD***

[00:31:50]

Now, why is that important? I don't know why starting them around the clock is significant.

[00:31:55]

***Joyce Alt, RN, MS***

[00:31:55]

IVs infiltrate a lot. [ ] [As a member of the team,] they didn't go up there and probe and probe like the one who is not as skilled, and then they did the long-dwell catheters and that was only a physician's responsibility. So the physicians said to them, I'm going to teach you, it's going to be your responsibility, because you're going to be better than my residents, and they were, I mean because they were doing it all the time.

[00:32:34]

***T. A. Rosolowski, PhD***

[00:32:34]

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

All the time, yeah, yeah.

[00:32:36]

**Joyce Alt, RN, MS**

[00:32:37]

[Millie] traveled a lot, through the United States, explaining all the things they did and how it reduced infection. You know, it got to be a point where the patients would want to know where the IV nurse was, just call them the IV nurse, you know, that's confidence.

[00:33:00]

**T. A. Rosolowski, PhD**

[00:33:00]

Right. Sure, sure. That's amazing.

[00:33:03]

**Joyce Alt, RN, MS**

[00:33:03]

Yeah.

[00:33:04]

**T. A. Rosolowski, PhD**

[00:33:04]

Yeah. So, who came up with the idea for the IV Team?

[00:33:09]

**Joyce Alt, RN, MS**

[00:33:09]

This physician and Millie, I think they just thought if we could control this, it would be better for the patient, and I think it was simple as that, and they just...

[00:33:30]

**T. A. Rosolowski, PhD**

[00:33:31]

That's a great example of one of those, somebody has a good idea and okay, run with it, and it makes a real change.

[00:33:37]

**Joyce Alt, RN, MS**

[00:33:37]

Then the residents got a little irritated with it, 'Well when are we going to learn?' He says not

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

here, I mean he was real clear. (laughs)

[00:33:49]

***T. A. Rosolowski, PhD***

[00:33:50]

Wow. So he didn't bring the residents into that group at all.

[00:33:54]

[Redacted]

***Joyce Alt, RN, MS***

[00:34:07]

Yeah. But[ ] [they were a team of experts and] so good.

[00:34:09]

***T. A. Rosolowski, PhD***

[00:34:10]

Yeah. Well, I mean that whole... I've heard this over and over, you know the people who just see the issue over and over and over again, they become so familiar with every single challenge.

[00:34:23]

***Joyce Alt, RN, MS***

[00:34:23]

Yeah, and the beauty, other than the—I mean other than the thing not being so painful, plus the infection rate went down. Millie had written quite a bit, a few articles that got published.

[00:34:39]

***T. A. Rosolowski, PhD***

[00:34:39]

Okay. I was wondering if you had published on that because it seems huge.

[00:34:44]

***Joyce Alt, RN, MS***

[00:34:44]

[ ] [It was great but Millie did the publishing. She and her team were the successes and I only supported their efforts.]

[00:34:44]



Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

## **Chapter 10**

### ***Leaving MD Anderson***

#### **A: Professional Path;**

Codes

C: Leadership; D: On Leadership;  
B: Building/Transforming the Institution;  
C: Leadership; D: On Leadership;  
B: MD Anderson Culture;  
B: Working Environment;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
A: Critical Perspectives;

***T. A. Rosolowski, PhD***

[00:34:47]

Interesting. So, I mean I kind of had it on my list to ask you about first of all the high points, you know when there were big changes in nursing. It sounds like we've covered a number. Are there some other kind of moments that were key, over the time that you were there?

[00:35:09]

***Joyce Alt, RN, MS***

[00:35:10]

I don't know, just seeing it grow was important to me. The thing that I hated was the jealousy, and that sounds stupid, but I knew that it was a problem for some folks. [Yes, our nurses were being rewarded for the good job they were doing.] [ ]

[00:35:43]

***T. A. Rosolowski, PhD***

[00:35:43]

How did that jealousy express itself?

[00:35:45]

***Joyce Alt, RN, MS***

[00:35:46]

Oh, "that's just nursing," I [would] hear that so much. Well, didn't you expect them to get it, you know? And then, what put the frosting on the cake, every JCAHO review we had, nursing

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

never got cited one time. That's unbelievable.  
[00:36:08]

***T. A. Rosolowski, PhD***

[00:36:10]

Why do you think that was?

[00:36:11]

***Joyce Alt, RN, MS***

[00:36:12]

We were good at what we were doing and I'll tell you though, it's not just that. It takes a very strong management team to keep identifying the critical points that we should be watching. They kept up with the standards of care, made sure our staff were meeting them. It was wonderful.

[00:36:42]

***T. A. Rosolowski, PhD***

[00:36:43]

I'm trying to get more of a sense, if you can, about this jealousy issue, you know not to kind of revisit something painful, but because it sounds like you guys were doing something really right, you were doing things right. Did people feel that there were other services within the organization that kind of hadn't gotten themselves together to address workflow and their own internal challenges? Could you look at another service and say, 'Oh, you know, maybe they should do that or they should do that?' Because you guys had really identified what were the pressure points that you needed to work on. Do you know what I'm saying at all?

[00:37:26]

***Joyce Alt, RN, MS***

[00:37:27]

[Redacted] [Our division was respected and complimented, maybe too much as I was perceived as having too much power.]

[00:37:48]

***T. A. Rosolowski, PhD***

[00:37:48]

And this was how you ended up leaving the division?

[00:37:51]

***Joyce Alt, RN, MS***

[00:37:51]

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

[I think that was a major part of it.]

[00:37:53]

**T. A. Rosolowski, PhD**

[00:37:53]

And this was in 1995 or '96?

[00:37:56]

**Joyce Alt, RN, MS**

[00:37:55]

Yeah it was, yeah.

[00:37:56]

**T. A. Rosolowski, PhD**

[00:37:58]

Well, do you want to tell me about that scenario?

[00:37:59]

**Joyce Alt, RN, MS**

[00:38:00]

I felt something was coming. I was invited less and less, to participate in problem solving [with the administrative staff]. No recognition at all, of me, or more important, the staff. I got an awful, awful review, I couldn't believe it. I thought something is happening here.

[00:38:42]

**T. A. Rosolowski, PhD**

[00:38:43]

What were some of the things that jumped out at you from that review?

[00:38:47]

**Joyce Alt, RN, MS**

[00:38:47]

[I was told I could not] work with people, [specifically the other] clinical heads. See, I was the first female division head [at MD Anderson] [ ] [and had gotten good reviews prior to that time][.

[00:39:15]

**T. A. Rosolowski, PhD**

[00:39:16]

Do you think that being female and being in that position of power had—do you think being female was a factor there?

[00:39:22]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:39:22]

No, because one of my worst critics was female. [It seemed there was nothing I could do that was right; she would even make a point of critiquing me in group meetings] [ ] I went over to Human Resources and I said, “[ ] [I think I’m on my way out.] All I want to know is if you think so.” She said, “Joyce, move on,” she says, “because it isn’t going to get any better.” They were firing people right and left and she says, “I [ ] [will discuss with this Dr. LeMaistre].”

[00:40:15]

**T. A. Rosolowski, PhD**

[00:40:15]

Now was this during the period where there was a lot of downsizing in the institution?

[00:40:18]

**Joyce Alt, RN, MS**

[00:40:19]

Yeah. Well, and after. We had a whole new management team and it was, what was happening to me was not unlike what was happening to my counterparts in the medical community.

[00:40:32]

**T. A. Rosolowski, PhD**

[00:40:33]

Okay.

[00:40:33]

**Joyce Alt, RN, MS**

[00:40:33]

I think they were trying to get rid of any kind of nursing leadership.

[00:40:39]

**T. A. Rosolowski, PhD**

[00:40:39]

Do you have any idea why that was the case?

[00:40:41]

**Joyce Alt, RN, MS**

[00:40:44]

Wanted more control, that was my feeling.

[00:40:46]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:40:47]

Interesting.

[00:40:48]

***Joyce Alt, RN, MS***

[00:40:49]

Anyway, she said, 'I'm calling you back today.' She said, 'I've talked to Dr. LeMaistre, and he says just remind them that if it weren't for me, there would be many a nights without patients getting care, give her anything she wants.' She came back and she said, "What do you want?" I said, "I want what any other division head got as my severance and that's it." Which she did, but it was terrible, it was just terrible, and I had to leave because it was just tearing me up.

[00:41:34]

***T. A. Rosolowski, PhD***

[00:41:35]

Well it's very hard when you've given so much of yourself to an institution and you have made an impact, to feel like it goes down in flames at the end.

[00:41:44]

***Joyce Alt, RN, MS***

[00:41:45]

Well, and the people I could depend on were no longer there. Mr. Gilley had moved on, Dr. Hickey had moved on. Actually a lot of people had been terminated, but before I left, I went to the clinical head division heads and I said, "If you didn't want me around, why didn't you have the guts to tell me?" Well who told you... You know? I said, that's been part of my evaluation, be honest with me. Said didn't hear it from me, and I got that response from I think there were seven of them at that time.

[00:42:25]

***T. A. Rosolowski, PhD***

[00:42:26]

I have to say, I mean it's a story I've heard before in the institution. People not wanting to come face to face and say here's the handwriting on the wall, and it ain't nice. You know, people don't want to have that conversation.

[00:42:41]

***Joyce Alt, RN, MS***

[00:42:42]

I even had a police check done on me, can you believe that?

[00:42:46]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:42:46]

Really?

[00:42:47]

***Joyce Alt, RN, MS***

[00:42:47]

And I was so close to the chief of police. I mean you do, when you've got that many people and females (inaudible), you've got to... Anyhow, he said, "Joyce, I've been asked to do this, I've done it, you're fine," and I said, "I can't believe this." They said it is [true].

[00:43:09]

***T. A. Rosolowski, PhD***

[00:43:12]

You said you felt like what you were experiencing was not an isolated case, that there were other people.

[00:43:19]

***Joyce Alt, RN, MS***

[00:43:20]

Oh, yeah.

[00:43:20]

***T. A. Rosolowski, PhD***

[00:43:21]

What was going on in the institution that was creating this scenario?

[00:43:26]

***Joyce Alt, RN, MS***

[00:43:28]

It's like—and this is a terrible example, but I felt that finances were far more important than patient care, and I know finances are important, I'm not that stupid, but when it starts running how we manage patient care, I think it's wrong. [These individuals came in as a team and left as a team.] [Redacted] [They left after not too long and I do not have any idea why.]

[00:44:29]

***T. A. Rosolowski, PhD***

[00:44:30]

Now, are these individuals that were brought to MD Anderson to kind of make some of these

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

financial changes to save the institution?

[00:44:37]

**Joyce Alt, RN, MS**

[00:44:38]

Yeah, I think so.

[00:44:38]

**T. A. Rosolowski, PhD**

[00:44:38]

Okay, that was it. I mean it was a very stressful time.

[00:44:41]

**Joyce Alt, RN, MS**

[00:44:41]

It was.

[00:44:41]

**T. A. Rosolowski, PhD**

[00:44:42]

Not an excuse for some of their decisions, but just to put it in context. Yeah. Because Dr. LeMaistre had seen the problems with the coming of HMOs, and all of these things.

[00:44:55]

**Joyce Alt, RN, MS**

[00:44:55]

Oh, yeah.

[00:44:55]

**T. A. Rosolowski, PhD**

[00:44:55]

And had to take some pretty serious steps.

[00:44:58]

[Redacted]

**T. A. Rosolowski, PhD**

[00:45:09]

[Redacted] Who was running the show during that time?

[00:45:13]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:45:13]

[Redacted] [I am not sure. I wasn't close enough to the top to know that. Leadership was changing at many different levels during this time.]

[00:45:35]

[Redacted]

**Joyce Alt, RN, MS**

[00:45:47]

[This was happening about one or one and a half years before I left.]

[00:45:50]

**T. A. Rosolowski, PhD**

[00:45:50]

Okay, so like around '93 or so.

[00:45:52]

**Joyce Alt, RN, MS**

[00:45:52]

I'm not real sure of that.

[00:45:55]

**T. A. Rosolowski, PhD**

[00:45:55]

Yes. And so was that around the time when this group of consultants or kind of new administrators came in?

[00:46:02]

**Joyce Alt, RN, MS**

[00:46:02]

Yeah. And then I got a call one day, "Oh I forgot to tell you but you're going to have a new boss." [ ]

[00:46:13]

**T. A. Rosolowski, PhD**

[00:46:14]

Who was your new boss?

[00:46:15]



Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:46:15]

Crosby.

[00:46:16]

**T. A. Rosolowski, PhD**

[00:46:16]

Okay. First name?

[00:46:19]

**Joyce Alt, RN, MS**

[00:46:19]

I don't know.

[00:46:19]

**T. A. Rosolowski, PhD**

[00:46:20]

Is it Ken? I'm sorry, I'm like... I've heard the name.

[00:46:24]

**Joyce Alt, RN, MS**

[00:46:25]

[ ]

[00:46:27]

**T. A. Rosolowski, PhD**

[00:46:28]

So it was a real turbulent time for the institution.

[00:46:30]

**Joyce Alt, RN, MS**

[00:46:30]

It was. [Redacted]

**Joyce Alt, RN, MS**

[00:46:48]

[Redacted] I wasn't real sure who my boss was any more. She was directing me here and a physician was directing me there, and that's just the way it was.

[00:47:10]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:47:10]

Which is telling in itself. I've heard other stories of people, you know they're pretty highly placed, and then there's an administrative shift and suddenly they don't know, what does that upper leadership even look like any more.

[00:47:24]

[Redacted]

***Joyce Alt, RN, MS***

[00:47:43]

Then, ethics became a real important part of Anderson really, and that, God, that committee fought for their very life [and to be accepted] family input into a decision, and I was very supportive of that.

[00:48:05]

***T. A. Rosolowski, PhD***

[00:48:05]

I've been interviewing Mike Ewer [oral history interview]. Yeah.

[00:48:07]

***Joyce Alt, RN, MS***

[00:48:09]

Yeah. He's our neighbor, right down the road.

[00:48:11]

***T. A. Rosolowski, PhD***

[00:48:11]

Oh, is he really?

[00:48:12]

***Joyce Alt, RN, MS***

[00:48:12]

Yeah.

[00:48:12]

***T. A. Rosolowski, PhD***

[00:48:13]

Oh, that's cool.

[00:48:14]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:48:15]

And God, he got beat up so many times, but he's a fellow that outwardly always says he could take it. He was melting inside too, you know?

[00:48:26]

**T. A. Rosolowski, PhD**

[00:48:28]

So the Ethics Committee, so you had an early commitment to all of this, to sorting out these issues with patients. Now, did you work with the Ethics Committee at all?

[00:48:41]

**Joyce Alt, RN, MS**

[00:48:41]

No.

[00:48:42]

**T. A. Rosolowski, PhD**

[00:48:42]

Okay.

[00:48:43]

**Joyce Alt, RN, MS**

[00:48:43]

And they really went down to another level and I think most of the people there were closer to the patients than I was, for whatever position they had. [ ]

[00:49:01]

[Redacted]

**T. A. Rosolowski, PhD**

[00:49:16]

Okay, yeah, so real pushback from physicians?

[00:49:19]

**Joyce Alt, RN, MS**

[00:49:20]

Yeah. Probably more from physicians than anybody, and it's a proud hospital in that regard; [ ] Everybody had their own camp and we [should make ethical decisions.]

[00:49:46]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:49:46]

And big egos.

[00:49:47]

***Joyce Alt, RN, MS***

[00:49:48]

Yeah, and it was hard.

[00:49:51]

***T. A. Rosolowski, PhD***

[00:49:52]

Now when Ethics was restructured or shut down, what did you think was going on with that? And I'm thinking, you know, you're kind of watching this while you're assessing your own situation, there's obviously turbulence. Did you have any insight into what was affecting the decision around the Ethics Committee?

[00:50:10]

***Joyce Alt, RN, MS***

[00:50:10]

No, I really didn't. [ ] I remember the night that [I quit]. I just left, I simply told Human Resources I was going home. Dr. Ewer came down and he brought me a bottle of champagne. (both laugh)

[00:50:36]

***T. A. Rosolowski, PhD***

[00:50:38]

Well, hey.

[00:50:38]

***Joyce Alt, RN, MS***

[00:50:40]

He said, "You made it out," and I said, "Well, I sure wish it wouldn't have been this way."

[00:50:48]

***T. A. Rosolowski, PhD***

[00:50:49]

So you just retired and left the institution at that point?

[00:50:52]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***Joyce Alt, RN, MS***

[00:50:53]

Oh yeah. I knew it was coming. I had my office—I'd shut my door periodically and clean out, you know? I just knew it.

[00:51:05]

***T. A. Rosolowski, PhD***

[00:51:05]

I'm sorry it happened that way.

[00:51:07]

***Joyce Alt, RN, MS***

[00:51:07]

I am too, I really am.

[00:51:09]

***T. A. Rosolowski, PhD***

[00:51:09]

Yeah, seriously.

[00:51:10]

***Joyce Alt, RN, MS***

[00:51:10]

It has been hard, very hard to get over. I'm not over it. I mean yes, I'm over it, but it's a hurt that probably will never go away.

[00:51:23]

***T. A. Rosolowski, PhD***

[00:51:24]

No, I can well understand, and you're not the first person who has talked about this.

[00:51:28]

***Joyce Alt, RN, MS***

[00:51:28]

I did feel I contributed, I tried. If nothing else, I tried with my whole soul, but...

[00:51:37]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Chapter 11: *The Enterstomal Ostomy Team, Infusion Therapy, and the Oncology Nurse Certification Program***  
**B: Building the Institution;**

Codes

A: Obstacles, Challenges;  
A: Contributions;  
A: Activities Outside Institution;  
A: Career and Accomplishments;  
A: Post Retirement Activities;  
A: Professional Values, Ethics, Purpose;  
C: Leadership; D: On Leadership;  
B: Building/Transforming the Institution;  
C: Leadership; D: On Leadership;  
B: MD Anderson Culture;  
B: Working Environment;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
A: Critical Perspectives;

***T. A. Rosolowski, PhD***

[00:51:40]

What did you feel, now that you look back, what do you feel are kind of the lasting marks that you left?

[00:51:51]

***Joyce Alt, RN, MS***

[00:51:58]

I think clinical advancement was important. We really got the role of clinical nurse specialist in the institution. Knowing that self-governance, it's not a privilege, it's a responsibility, and that I cared a bunch. I don't know how many times I've had cards and calls, that I cared and they missed it. So. That's why I was surprised, last night they called and [she] said [ ] TNA was going to do a commentary on my career at MD Anderson and with emphasis on the self-governance model and success in addressing turnout, etc.]

[00:52:56]

***T. A. Rosolowski, PhD***

[00:52:57]

And who were these individuals?

[00:52:58]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:53:00]  
TNA, they're doing it.  
[00:53:04]

**T. A. Rosolowski, PhD**

[00:53:04]  
And that's, what is that?  
[00:53:05]

**Joyce Alt, RN, MS**

[00:53:06]  
Texas Nursing Association.  
[00:53:07]

**T. A. Rosolowski, PhD**

[00:53:07]  
Oh, okay, neat. So they're doing—and they're interviewing you for this TV show?  
[00:53:14]

**Joyce Alt, RN, MS**

[00:53:15]  
Yeah.  
[00:53:15]

**T. A. Rosolowski, PhD**

[00:53:17]  
That's pretty cool.  
[00:53:17]

**Joyce Alt, RN, MS**

[00:53:18]  
Yeah.  
[00:53:18]

**T. A. Rosolowski, PhD**

[00:53:19]  
So what did they say, why did they say they called you? Blow your own horn a little here.  
[00:53:24]

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[00:53:25]

They sort of talked about the things that we've talked about, that they felt—you know, it was very nice—that I was about ten years ahead of my time and it was important that it's heard. You know, and it was so crazy. [The person who fired me] [redacted] said, "Now, we're going to have a party for you." Never had a party. [The nurse managers and chairs also gave me a party] without her. You know those kinds of things hurt. I didn't need a party. It was, just think, people cared enough. I hope, you know sometimes I think, what goes around comes around, but I don't know.

[00:54:26]

**T. A. Rosolowski, PhD**

[00:54:27]

Now, after you retired, how did life evolve for you?

[00:54:32]

**Joyce Alt, RN, MS**

[00:54:33]

Okay, I mean I had to get over the blow of it and it took a while. Then, we adopted a daughter, actually she was five years old when I left, and that took a lot of my time, and I'm thankful that I have the time with her.

[00:55:03]

**T. A. Rosolowski, PhD**

[00:55:04]

And your daughter's name?

[00:55:04]

**Joyce Alt, RN, MS**

[00:55:05]

Alexandra.

[00:55:07]

**T. A. Rosolowski, PhD**

[00:55:07]

And your partner's name?

[00:55:09]

**Joyce Alt, RN, MS**

[00:55:09]



Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Pat. Patricia. Alexandra will turn 30 Thursday.  
[00:55:18]

***T. A. Rosolowski, PhD***

[00:55:17]

Wow.

[00:55:17]

***Joyce Alt, RN, MS***

[00:55:20]

We got her from Peru.

[00:55:24]

***T. A. Rosolowski, PhD***

[00:55:25]

Well that's exciting. What is she doing?

[00:55:27]

***Joyce Alt, RN, MS***

[00:55:28]

Not enough. (both laugh) She's got a bachelor's from U of H, in interpretation, and that's primarily what she's focusing on is getting certified and all that good stuff. Loves it, but she just, she's enjoying life, so let her fly around for a while I guess.

[00:55:54]

***T. A. Rosolowski, PhD***

[00:55:53]

A little while, yeah. So you had a young child to turn your mind to. Did you continue mentoring or doing connections at all with the institution, or with the nursing community?

[00:56:05]

***Joyce Alt, RN, MS***

[00:56:06]

No, no, and the reason I didn't, I was afraid. I was afraid for them. Now that sounds terrible, but I was, because I'd get calls and they said, "you never heard of me" [and then tell me their concerns]. It was, it was—I kind of felt like a gangster there for a while.

[00:56:29]

***T. A. Rosolowski, PhD***

[00:56:30]

You know, it tells an interesting story about how institutions work in times of turbulence, and

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

this is—these are real things, they happen. I mean, I'm sorry you had to go through it.  
[00:56:44]

**Joyce Alt, RN, MS**

[00:56:45]

Me too.

[00:56:45]

**T. A. Rosolowski, PhD**

[00:56:46]

Pretty crummy.

[00:56:47]

**Joyce Alt, RN, MS**

[00:56:48]

Yeah. I mean, you want to get rid of me fine, let's just do it aboveboard and move on, but boy, getting beat up, and then what really threw me was that police check. Now, I'm a criminal, what do they think I've done?

[00:57:04]

**T. A. Rosolowski, PhD**

[00:57:05]

That's really strange, but interesting, that you had a good enough relationship with the police chief that he told you. (laughs)

[00:57:09]

**Joyce Alt, RN, MS**

[00:57:10]

That he calls me.

[00:57:10]

**T. A. Rosolowski, PhD**

[00:57:12]

So there.

[00:57:13]

**Joyce Alt, RN, MS**

[00:57:13]

He came up and then he said, "Do we need to talk, are you okay?" I said, "No, I'm just a little stunned."

[00:57:20]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[00:57:22]

Yikes. Now, so the Texas Nursing Association knows about you, knew about you. So how did they kind of keep you on their radar, if you've been out of the nursing community?

[00:57:36]

***Joyce Alt, RN, MS***

[00:57:37]

[I was an active member of TNA for many years and was delegate to their national conferences. in addition, one person] [ ] did talk to me [in an interview] about it used to work for me, and she's very active in TNA.

[00:57:50]

***T. A. Rosolowski, PhD***

[00:57:50]

And who is this?

[00:57:50]

***Joyce Alt, RN, MS***

[00:57:51]

Terry Throckmorton, Dr. Terry Throckmorton. I don't know what her position is now. I know that she's working, or used to work for a drug company and did research. I don't know what she's doing now. We employed her strictly to do research, to help students from the schools of nursing. The benefit for us was she took on projects for the Division of Nursing, for research.

[00:58:36]

***T. A. Rosolowski, PhD***

[00:58:37]

So, I mean just so I'm—what kind of research and what benefit for the students?

[00:58:41]

***Joyce Alt, RN, MS***

[00:58:42]

Instead of going to through the School of Nursing, I mean that's where it had its start, you know you get permission to do this project. But they needed a mentor within the clinical area.

[00:58:56]

***T. A. Rosolowski, PhD***

[00:58:56]

I see. So she was sort of the liaison between the student doing the project and MD Anderson as

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

an institution.  
[00:59:03]

**Joyce Alt, RN, MS**  
[00:59:04]  
Yeah.  
[00:59:04]

**T. A. Rosolowski, PhD**  
[00:59:04]  
Okay, gotcha, gotcha. So that was a whole other—was that kind of a new area, of encouraging nursing students to come in and do research projects?  
[00:59:15]

**Joyce Alt, RN, MS**  
[00:59:17]  
Oh, yeah. What was really new about it was to have somebody on our end there. I mean it was hard to get research through Anderson. They know how to do it, there are all these fences you jump and you know, nursing students don't know that, and they have somebody to help beside them, to help them jump those fences and get their work done, it was most appreciated. Some of the faculty from the schools of nursing were also doing research, but it was always in relation to nursing.  
[01:00:00]

**T. A. Rosolowski, PhD**  
[01:00:00]  
Interesting, yeah. So that obviously was another way of strengthening nursing research at the institution.  
[01:00:09]

**Joyce Alt, RN, MS**  
[01:00:09]  
Oh yeah, yeah.  
[01:00:10]

**T. A. Rosolowski, PhD**  
[01:00:10]  
Which would just have been huge. Now, who took over as head after you left?  
[01:00:20]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:00:21]

I don't really know.

[01:00:22]

**T. A. Rosolowski, PhD**

[01:00:22]

I'm trying to remember.

[01:00:23]

**Joyce Alt, RN, MS**

[01:00:24]

Because there's been a couple. [Information added: Crosby.]

[01:00:25]

**T. A. Rosolowski, PhD**

[01:00:25]

There have been a few. I mean there's Donna, was Barbara Summers.

[01:00:30]

**Joyce Alt, RN, MS**

[01:00:30]

Well, Crosby first of all.

[01:00:31]

**T. A. Rosolowski, PhD**

[01:00:31]

Okay, so I didn't know Crosby. So Crosby came in after you?

[01:00:36]

**Joyce Alt, RN, MS**

[01:00:36]

Mm-hmm.

[01:00:37]

**T. A. Rosolowski, PhD**

[01:00:37]

Okay, so that, yeah.

[01:00:38]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***Joyce Alt, RN, MS***

[01:00:39]

Well he came before I left. Actually, he was there to get rid of me.

[01:00:44]

***T. A. Rosolowski, PhD***

[01:00:45]

Okay, gotcha. And I can't remember the earlier history of Barbara Summers coming in, you know who was prior to her.

[01:00:58]

***Joyce Alt, RN, MS***

[01:01:02]

I have a good friend who was a clinical nurse specialist over there, and she told me the names but it didn't [register].

01:01:04]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Chapter 11: *The Interstomal Ostomy Team, Infusion Therapy, and the Oncology Nurse Certification Program***  
**B: Building the Institution;**

Codes

A: Obstacles, Challenges;  
A: Contributions;  
A: Activities Outside Institution;  
A: Career and Accomplishments;  
A: Post Retirement Activities;  
A: Professional Values, Ethics, Purpose;  
C: Leadership; D: On Leadership;  
B: Building/Transforming the Institution;  
C: Leadership; D: On Leadership;  
B: MD Anderson Culture;  
B: Working Environment;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
A: Critical Perspectives;

***T. A. Rosolowski, PhD***

[01:01:04]

Right, yeah, I can't really remember. Is there anything else? There are some other projects that you worked on, like there's the Anderson Connection Program and Anderson Angels.

[01:01:21]

***Joyce Alt, RN, MS***

[01:01:22]

Oh, Anderson Angels. We had a softball team. (laughs)

[01:01:24]

***T. A. Rosolowski, PhD***

[01:01:25]

Oh really? Oh that's what that was.

[01:01:28]

***Joyce Alt, RN, MS***

[01:01:29]

Got our (inaudible). We did pretty good too.

[01:01:34]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[01:01:33]

Did you? That's also good community building.

[01:01:36]

***Joyce Alt, RN, MS***

[01:01:36]

Yeah.

[01:01:37]

***T. A. Rosolowski, PhD***

[01:01:37]

You know it was really interesting and I'd like your input on this. One of the interim nursing directors, when Barbara Summers left and Susan Stafford was interim. I don't know if you knew her.

[01:01:51]

***Joyce Alt, RN, MS***

[01:01:51]

No.

[01:01:51]

***T. A. Rosolowski, PhD***

[01:01:52]

Well, I met with her and she was telling me that kind of one the challenges for nursing at MD Anderson is that there were so many subspecialties of nursing, that it was difficult for nurses as a whole, to feel as though they had a common community. Did you feel that was the case when you were there? I mean it was a much different institution, much smaller.

[01:02:20]

***Joyce Alt, RN, MS***

[01:02:21]

No, and I'll tell you why. We had such a strong education department, [headed by Betty Cody, the department chairperson]. We had such a strong clinical department, and you know, as far as I'm concerned, the medical staff had a great deal of respect for our nurses. So yeah, there are a lot of—every floor was a different specialty and every clinic was a different specialty. Then they started, instead of having a breast clinic, a surgical breast clinic, a medical breast clinic, they got it through (inaudible), if we had a breast clinic.

[01:03:05]



Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[01:03:08]

Right, the disease site organization.

[01:03:10]

***Joyce Alt, RN, MS***

[01:03:08]

Yeah, yeah. It was flowing like that.

[01:03:14]

***T. A. Rosolowski, PhD***

[01:03:14]

I mean that was the whole reorganizing, formal reorganization around multidisciplinary care.

[01:03:19]

***Joyce Alt, RN, MS***

[01:03:20]

It might have changed but I still see a big—and like I said, it may have changed, but I don't feel like inpatient and outpatient are still integrated as well as they could be or should be.

[01:03:35]

***T. A. Rosolowski, PhD***

[01:03:36]

Now I never asked you how many nurses did MD Anderson employ while you were there?

[01:03:42]

***Joyce Alt, RN, MS***

[01:03:43]

We were in the [eight] hundreds [of R.N.s though I'm not sure].

[01:03:45]

Yeah, but just remember, the physicians had their own nurses, so they were nurses but they were funded so we didn't count them.

***T. A. Rosolowski, PhD***

[01: 24:00]

How interesting. So how many other nurses do you think were employed by physicians around the institution?

[01:04:11]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:04:12]

I have no idea because some of them would hire two or three to do their research.

[01:04:17]

**T. A. Rosolowski, PhD**

[01:04:18]

So you didn't really... So they were research nurses primarily?

[01:04:19]

**Joyce Alt, RN, MS**

[01:04:20]

Yeah, yeah.

[01:04:21]

**T. A. Rosolowski, PhD**

[01:04:21]

Okay, so that's a little different because then—go ahead.

[01:04:24]

**Joyce Alt, RN, MS**

[01:04:24]

And then the clinic nurse specialist/physician's assistants came about.

[01:04:29]

**T. A. Rosolowski, PhD**

[01:04:30]

Right.

[01:04:30]

**Joyce Alt, RN, MS**

[01:04:31]

And the physician assistants were funded by the medical staff. I funded the clinical nurse specialists for the nursing staff and there was some friction there at first, with physicians assistants and clinical nurse specialists, but that was true in the United States. They weren't getting along, like you're going to take my job, no I'm going to take yours, you know?

[01:04:55]

**T. A. Rosolowski, PhD**

[01:04:55]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

What was your perspective on the physicians assistants coming in?

[01:05:01]

**Joyce Alt, RN, MS**

[01:05:01]

I was skeptical at first, because I really didn't know that much about their role. I didn't know how independent they were and that bothered me.

[01:05:09]

**T. A. Rosolowski, PhD**

[01:05:10]

Independent meaning?

[01:05:13]

**Joyce Alt, RN, MS**

[01:05:14]

They would take the place of a physician for patient visits. They did see patients on their own but always under the supervision [of their employing] physician, and the patients knew their doctor knew, and because they had them, they were seen faster. So it worked out fine.

[01:05:43]

**T. A. Rosolowski, PhD**

[01:05:43]

Now what was the working relationship there between the PAs and the nursing staff?

[01:05:49]

**Joyce Alt, RN, MS**

[01:05:50]

I think fine, once they both understood each other, so I never saw a problem.

[01:05:55]

**T. A. Rosolowski, PhD**

[01:05:56]

So it's always about communication isn't it? Yeah, interesting.

[01:05:58]

**Joyce Alt, RN, MS**

[01:05:59]

And I don't know if they even have any more, a lot of them.

[01:06:05]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**T. A. Rosolowski, PhD**

[01:06:06]

Oh yeah, increasing numbers in fact. Yeah. So were there other kind of big projects you worked on, that you'd like to talk about before we end up today?

[01:06:24]

**Joyce Alt, RN, MS**

[01:06:24]

I think there's two areas that should be of note. We had an Enterstomal (Ostomy) Therapy Team.

[01:06:35]

**T. A. Rosolowski, PhD**

[01:06:36]

I'm sorry, what is that?

[01:06:36]

**Joyce Alt, RN, MS**

[01:06:36]

Enterstomal, actually the Ostomy Team, and that was started before, by Ms. Hilkemeyer, I believe it was. Anyway, that team really grew.

[01:06:54]

**T. A. Rosolowski, PhD**

[01:06:55]

What did they do?

[01:06:56]

**Joyce Alt, RN, MS**

[01:00:00]

They take care of colostomies, ileostomies. Now in other hospitals, they don't have as many as we did, so they also do burns or wound care.

[01:07:09]

**T. A. Rosolowski, PhD**

[01:07:10]

Why was it important to have a special team for these individuals?

[01:07:14]

**Joyce Alt, RN, MS**

[01:07:14]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Patient education number one, number two is patient support, and three, teaching them how to manage that appliance, just I mean it was overwhelming, and the patients had somebody to contact. A physician couldn't any more deal with that appliance, you know, and the nurses on the unit weren't as good. If you don't do that, if that wasn't your specialty, you're not going to be very good at it.

[01:07:48]

***T. A. Rosolowski, PhD***

[01:07:49]

Now when was this team created?

[01:07:50]

***Joyce Alt, RN, MS***

[01:07:51]

Ms. Hilkemeyer, I believe started it and what I did was just, I wanted it to be a place for students, and they became nationally accredited.

[01:08:06]

***T. A. Rosolowski, PhD***

[01:08:07]

A place for students in it, that that's where they went to learn about...?

[01:08:08]

***Joyce Alt, RN, MS***

[01:08:09]

Uh-huh.

[01:08:10]

***T. A. Rosolowski, PhD***

[01:08:10]

What's the accrediting body for that?

[01:08:16]

***Joyce Alt, RN, MS***

[01:08:17]

You know I don't even know any more, but they've got their own association.

[01:08:21]

***T. A. Rosolowski, PhD***

[01:08:24]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

And so was that something you started on pretty much immediately?

[01:08:25]

**Joyce Alt, RN, MS**

[01:08:25]

No, because it wasn't a priority for me.

[01:08:29]

**T. A. Rosolowski, PhD**

[01:08:29]

Yeah, sure, so about when do you kind of work on that, approximately?

[01:08:33]

**Joyce Alt, RN, MS**

[01:08:33]

Probably halfway through or...

[01:08:35]

**T. A. Rosolowski, PhD**

[01:08:36]

So in the '80s, late '80s?

[01:08:37]

**Joyce Alt, RN, MS**

[01:08:37]

Yeah, somewhere in there, and goodness, they were so good.

[01:08:43]

**T. A. Rosolowski, PhD**

[01:08:44]

What was the impact of that new team, strengthened team?

[01:08:48]

**Joyce Alt, RN, MS**

[01:08:48]

I'll tell you, the patients appreciated it so much and so did the nursing staff, just like they appreciated the IV Team. They weren't as good as they were, they knew it, and they knew that they could get help when they needed it. So they worked very well together. A good friend of mine, she's retired but she did a lot with enterstomals, and the patients call her at home all the time. It was okay, that the patients got so close, these people were so good, and it's such—oh, God, it's such a shock to have to... My daughter, one of her best friends, she's had a colostomy

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

for two years and it's been very hard for her. She said, [When] a fellow knows I've got a colostomy, [ ] you know he's gone.

[01:09:47]

**T. A. Rosolowski, PhD**

[01:09:47]

Sure.

[01:09:49]

**Joyce Alt, RN, MS**

[01:09:50]

So it's very important that they have that kind of support.

[01:09:54]

**T. A. Rosolowski, PhD**

[01:09:54]

Who is the friend of yours who you said would give her number, patients would call her?

[01:10:00]

**Joyce Alt, RN, MS**

[01:10:01]

Sandra Krebs, she's a clinical nurse specialist. Her specialty was pediatrics, but she [in time wanted to focus on adults and went into] urology nursing [ ], so that's how she got tied into the stomals.

[01:10:17]

**T. A. Rosolowski, PhD**

[01:10:17]

Well, it's just you know, so many people talk about the very close relationship established with patients in this kind of care.

[01:10:25]

**Joyce Alt, RN, MS**

[01:10:25]

You know, and the sadness when they die. [ ] For years, we hid everything from kids on the same unit, because [ ] [it would be too difficult for them] [ ] but they always knew what [was going on] anyway. I walked into a [patient's] bathroom and three of them were praying [for their friend who was dying].

[01:10:52]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[01:10:52]

Wow.

[01:10:55]

***Joyce Alt, RN, MS***

[01:10:54]

[They] kneeled at the side of the tub.

[01:10:57]

***T. A. Rosolowski, PhD***

[01:10:57]

Wow. Wow.

[01:10:58]

***Joyce Alt, RN, MS***

[01:11:01]

And I said what—you know, can I help? Now, when they told me who had died. Anyway, pediatric nursing has changed so much too.

[01:11:20]

***T. A. Rosolowski, PhD***

[01:11:20]

How has pediatric nursing changed?

[01:11:25]

***Joyce Alt, RN, MS***

[01:11:25]

Oh, the patient is so informed and before, the parents were so informed. So they helped make decisions.

[01:11:34]

***T. A. Rosolowski, PhD***

[01:11:41]

Yeah. You mentioned that there was another program that was started or strengthened; the ostomy team and then there was another one you wanted to talk about.

[01:11:54]

***Joyce Alt, RN, MS***

[01:12:00]



Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Well, I think infusion therapy, that was a big thing.

[01:12:00]

**T. A. Rosolowski, PhD**

[01:12:01]

So tell me about that.

[01:12:02]

**Joyce Alt, RN, MS**

[01:12:03]

That was the one with Millie Lawson. We eventually charged [visiting nurses] for that, because people were coming from all over the United States, to learn how to particularly insert the long-dwell catheters. And then, we developed an Oncology Nurse Certified Program. I had so many request for just people wanting to come and see how we cared for patients with cancer, and so we set up a real structured program and we started to be able to give credit, and it became an Oncology Certified Program, was actually the precursor to a master's degree in nursing, in cancer nursing.

[01:13:03]

**T. A. Rosolowski, PhD**

[01:13:03]

And when this was started?

[01:13:04]

[Redacted]

**T. A. Rosolowski, PhD**

[01:13:27]

Right. You talked about that last time, yeah. Well, just quickly though, going back to the Oncology Nursing, what were you offering through that program that was so different? I mean, I get that Oncology Nursing is very different. How were you kind of creating a program to deliver that information?

[01:13:47]

**Joyce Alt, RN, MS**

[01:13:48]

Well, a lot was focused on chemotherapy and side effects, and care, the catheter, and actually, you know, there were many specialties in Oncology Nursing, and so a lot of times they would say we're going to open this unit, and so if they were going to open that unit and they wanted to focus on leukemia or something, we could just focus and tailor whatever to what their needs

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

were.

[01:14:30]

***T. A. Rosolowski, PhD***

[01:14:30]

So an institution might send a group of people to be trained in a specific area with you.

[01:14:35]

***Joyce Alt, RN, MS***

[01:14:35]

Oh, yeah.

[01:14:37]

***T. A. Rosolowski, PhD***

[01:14:38]

Oh, okay, wow. So, what kinds of institutions approached you for a training of their people?

[01:14:44]

***Joyce Alt, RN, MS***

[01:14:45]

Actually, it was never from the biggies, you know? It was the smaller hospitals that were starting an Oncology Unit. It could be anywhere in the United States. It was good. Let me see...

[01:15:05]

***T. A. Rosolowski, PhD***

[01:15:05]

Now, just one more question. Did they send already experienced nurses?

[01:15:11]

***Joyce Alt, RN, MS***

[01:15:12]

Yeah, yeah.

[01:15:14]

***T. A. Rosolowski, PhD***

[01:15:15]

Very interesting.

[01:15:17]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:15:18]

And then, American Nurses Association, they're the ones that had to approve our curriculum and everything, and we were accredited for that, for our Continuing Education Program, [as developed by Betty Cody, chairperson for Nursing Education]. We had a very strong education program.

[01:15:38]

**T. A. Rosolowski, PhD**

[01:15:38]

You've mentioned that before. Was that something that evolved under your tenure?

[01:15:45]

**Joyce Alt, RN, MS**

[01:15:45]

Well, I think Ms. Hilkemeyer started it, but it grew under me, because there was a need.

[01:15:54]

**T. A. Rosolowski, PhD**

[01:15:55]

Right. And what were the facets of that education program.

[01:16:00]

**Joyce Alt, RN, MS**

[01:16:01]

Well, again, whatever somebody needed. Now to say we had a full blown course, you know, or specialization, and then that's how we dealt with it.

[01:16:16]

**T. A. Rosolowski, PhD**

[01:16:16]

Wow. Did you ever have conversations with some of these small hospitals, about program setup, about setting up their oncology?

[01:16:28]

**Joyce Alt, RN, MS**

[01:16:29]

Yeah, yeah.

[01:16:36]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[01:16:30]

Oh you did. So it was almost like a consulting kind of relationship. What were some of the challenges that they were facing?

[01:16:36]

***Joyce Alt, RN, MS***

[01:16:36]

[ ] We had a clinic down there, [in McAllen, Texas, for example. We basically had to set up that hospital for them, simple things like you can have somebody on an outpatient basis, going to get therapy, IV therapy for six or eight hours, do they sit up, do you put them in a bed? You know, simple things like [ ] Anyway, I've got one, raise the feet and raise the heads, you know put them in there instead of beds. We'd set up how to manage waste, particularly needles, but also urine, feces, depending on what kind of drugs they were.

[01:17:37]

***T. A. Rosolowski, PhD***

[01:17:37]

So really, all the nitty-gritty details of patient care.

[01:17:41]

***Joyce Alt, RN, MS***

[01:17:42]

And who is going to prepare the drugs for administration, and we were so fortunate to have a pharmacy like we did and still do.

[01:17:53]

***T. A. Rosolowski, PhD***

[01:17:53]

Did you share aspects of kind of organizing nurses, like the shared governance model or anything like that?

[01:18:02]

***Joyce Alt, RN, MS***

[01:18:03]

Yeah, we toured some of that.

[01:18:05]

***T. A. Rosolowski, PhD***

[01:18:06]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

Wow.  
[01:18:11]

**Joyce Alt, RN, MS**

[01:18:12]

The Career Ladder and Shared Governance were two big things that I did fairly frequently initially and honestly, it was all not well received because I was always very honest; it's going to cost you money and I'm here to help, if you can take it, but it's worth it in the long run. I tried to settle them on your turnover is much higher cost than your investment.

[01:18:52]

**T. A. Rosolowski, PhD**

[01:18:53]

Was there anybody that bought that?

[01:18:56]

**Joyce Alt, RN, MS**

[01:18:57]

But I'll tell you that as it grew, Shared Governance was not always viewed as wonderful, and I'm not real sure. Well, I guess I am. Nursing was not the independent, I don't know, force, that when I was there, you know when I was growing up. You can't have Shared Governance if you don't have the freedom to be part of it, and at that time, as we were going more and more into management, not necessarily medical management but management, and that wasn't always tolerated because of a 'don't do as I do, do as I say' kind of thing.

[01:19:57]

**T. A. Rosolowski, PhD**

[01:19:57]

Right, right, interesting. So there was a real kind of loss of autonomy for the individual at the local level.

[01:20:05]

**Joyce Alt, RN, MS**

[01:20:06]

Yeah.

[01:20:06]

**T. A. Rosolowski, PhD**

[01:20:07]

Interesting. So that you were witnessing that change because you were there.

[01:20:12]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***Joyce Alt, RN, MS***

[01:20:12]

Oh, yeah.

[01:20:12]

***T. A. Rosolowski, PhD***

[01:20:13]

And were kind of without them.

[01:20:14]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

## **Chapter 12: *Final Observations: Houston's Nursing Leaders, Nursing Conferences, and Working at MD Anderson***

Codes

C: Leadership; D: On Leadership;  
B: Building/Transforming the Institution;  
B: MD Anderson Culture;  
B: Working Environment;  
B: Growth and/or Change;  
B: Obstacles, Challenges;  
A: Critical Perspectives;

***Joyce Alt, RN, MS***

[01:20:16]

I was probably one of the last ones in the medical center to get fired, because we always had a group that meant once a month and yeah, we were pretty honest, sometimes we [argued with] [ ] each other, particularly about turnover, but we shared things. There were nursing directors who were [ ] [hospital administrators].

[01:20:49]

***T. A. Rosolowski, PhD***

[01:20:50]

Interesting. So, I'm sorry, when you said a group of you met among institutions in the medical center. Were these other nursing leaders?

[01:20:59]

***Joyce Alt, RN, MS***

[01:21:00]

Yeah, yeah.

[01:21:00]

***T. A. Rosolowski, PhD***

[01:21:01]

Okay, interesting. So that was just in the air almost, you know it was happening at other institutions as well. Very interesting. A culture shift in institutions for sure.

[01:21:13]

***Joyce Alt, RN, MS***

[01:21:13]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Oh yeah.

[01:21:14]

***T. A. Rosolowski, PhD***

[01:21:13]

With the economic shifts.

[01:21:16]

***Joyce Alt, RN, MS***

[01:21:17]

Yeah.

[01:21:17]

***T. A. Rosolowski, PhD***

[01:20:07]

Wow. So when did this group of your start getting together, that support group?

[01:21:25]

***Joyce Alt, RN, MS***

[01:21:25]

[ ] [I think it was the nursing director at St. Luke's who started the meetings.]

[01:21:34]

***T. A. Rosolowski, PhD***

[01:21:35]

Who were some other people involved with that?

[01:21:36]

***Joyce Alt, RN, MS***

[01:21:36]

Well, that was the VA Hospital, St. Luke's, Methodist. [T.I.R.R. and the Visiting Nurses Association] [ ] That's the big guns anyway.

[01:21:56]

***T. A. Rosolowski, PhD***

[01:21:56]

So you guys would get together and tell the real truth about it.

[01:21:58]

***Joyce Alt, RN, MS***

[01:21:58]



Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Yeah. Have lunch and get angry. (both laugh)  
[01:22:05]

***T. A. Rosolowski, PhD***

[01:22:09]

Better vent than stew. (laughs)

[01:22:13]

***Joyce Alt, RN, MS***

[01:22:14]

It was interesting too, the problems.

[01:22:17]

***T. A. Rosolowski, PhD***

[01:22:17]

Such as? What were you hearing?

[01:22:19]

***Joyce Alt, RN, MS***

[01:22:19]

You know it was the takeover, the takeover of nursing.

[01:22:27]

***T. A. Rosolowski, PhD***

[01:22:28]

Interesting.

[01:22:28]

***Joyce Alt, RN, MS***

[01:22:28]

Yeah. See, Methodist was the first one. Years before I was even employed at my job, they got rid of their Director of Nursing, who had been there oh, goodness, lots and lots of years, and it was taken over by an administrator. Now, I know nothing more than that, you know? But I worked at Methodist for about a couple years. [Then Methodist employed a director of nursing who assumed other administrative departments.]

[01:23:04]

***T. A. Rosolowski, PhD***

[01:23:04]

Yeah, I remember.

[01:23:06]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:23:06]

And she was one of the toughest RNs, I mean she literally made rounds with her white gloves.

[01:23:17]

[Redacted]

**T. A. Rosolowski, PhD**

[01:23:51]

Yeah. [ ] What did this group say about your situation as you were nearing the end of your time at MD Anderson?

[01:23:58]

**Joyce Alt, RN, MS**

[01:23:58]

Well, by the time I ended, there weren't that many left, but the person that I got along best with was head of the VA.

[01:24:09]

**T. A. Rosolowski, PhD**

[01:24:10]

And her name, his name?

[01:24:11]

**Joyce Alt, RN, MS**

[01:24:11]

It's her name [Margot Snider] and I can't remember her name, I'm bad at names. But I called her and I said, 'they got me,' and she says, "I'm leaving," she told me "in six weeks" or something like that.

[01:24:25]

**T. A. Rosolowski, PhD**

[01:24:25]

Oh, wow.

[01:24:25]

**Joyce Alt, RN, MS**

[01:24:26]

But let me tell you, she was—she had [a huge VA hospital System] and [ ] outpatient, clinics, [home care], a very powerful lady --and management of all the funds. I was surprised. But then

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

a lot of people covered it by saying I'm going to retire, and we all knew. [ ]  
[01:25:00]

***T. A. Rosolowski, PhD***

[01:25:01]

Interesting.

[01:25:01]

***Joyce Alt, RN, MS***

[01:25:01]

And St., Luke's hired some gal from the east that was very well versed in public speaking and publications, and she just left, I mean I know she just left. She isn't a person who would allow that to happen to herself. It was traumatic.

[01:25:33]

***T. A. Rosolowski, PhD***

[01:25:35]

Well, it just, I mean crummy, for the people who had to go through it, but also kind of intriguing that so many of you were going through it at the same time, you know something was going on.

[01:25:50]

***Joyce Alt, RN, MS***

[01:25:50]

I'm very thankful that Human Resources didn't give me the curb, because they could have.

[01:25:58]

***T. A. Rosolowski, PhD***

[01:25:58]

It sounds like Dr. LeMaistre went to bat for you.

[01:26:01]

***Joyce Alt, RN, MS***

[01:26:01]

He sure did.

[01:26:01]

***T. A. Rosolowski, PhD***

[01:26:02]

Yeah, yeah, so that's good.

[01:26:04]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:26:05]

That person called me back she says, “You know [the female who fired you] [redacted] was not happy with what Dr. LeMaistre is doing for you,” and I said, “I didn’t expect her to be, but I sure appreciate it.”

[01:26:18]

**T. A. Rosolowski, PhD**

[01:26:18]

All those relationships you build over the years in the institution hopefully can serve you well, or anybody. That’s people coming to bat for you, watching your back a bit. Was there anything else on your list that you wanted to make sure we covered today?

[01:26:38]

**Joyce Alt, RN, MS**

[01:26:38]

Oh, we never talked about the offsite rehab program. Honestly, that sort of took care of itself, and the patients could stay there. They didn’t need to stay in the hospital, but they were too far from home and they couldn’t afford a hotel for two weeks or something like that. Anyway, we called it a rehab center and it could probably hold about a hundred patients at any given time.

[01:26:25]

**T. A. Rosolowski, PhD**

[01:26:25]

Where was it located?

[01:27:27]

**Joyce Alt, RN, MS**

[01:27:28]

[ ] It was about [fifteen] miles from Anderson and a very close-knit group of staff, it was just fun to go out there. [The maintenance man and the yard man and the nursing desk \[hostess\] and .](#)

[01:27:50]

**T. A. Rosolowski, PhD**

[01:27:50]

You don’t remember where it was?

[01:27:50]

**Joyce Alt, RN, MS**

[01:27:50]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

No I don't. [I don't remember the address, but it was off of North Main Street.]  
[01:27:51]

***T. A. Rosolowski, PhD***

[01:27:50]

Huh, funny. I've never even heard of this before.

[01:27:54]

***Joyce Alt, RN, MS***

[01:27:54]

Well, see then it moved for [financial] reasons. It had been there for years though. [It moved to several different hotels in the medical center near MD Anderson before the move to the Anderson Mayfair.]

[01:28:07]

***T. A. Rosolowski, PhD***

[01:28:07]

The Anderson-Mayfair.

[01:28:10]

***Joyce Alt, RN, MS***

[01:28:11]

Uh-huh.

[01:28:11]

***T. A. Rosolowski, PhD***

[01:28:11]

Oh, okay, so it was offsite and then it moved in to the hotel.

[01:28:14]

***Joyce Alt, RN, MS***

[01:28:14]

Into the hotel.

[01:28:20]

***T. A. Rosolowski, PhD***

[01:28:21]

Interesting. Was it effective?

[01:28:22]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:28:23]

The patients loved it but some of that was they had [ ] a place to be too, you know? [We were still discussing the original rehabilitation center prior to the moves to various hotels and the Mayfair.]

[01:28:33]

**T. A. Rosolowski, PhD**

[01:28:36]

I can imagine this was enormously expensive.

[01:28:37]

**Joyce Alt, RN, MS**

[01:28:37]

Yes. Just some maintenance on the bus [was expensive].

[01:28:40]

**T. A. Rosolowski, PhD**

[01:28:40]

Right. And did the distance present any difficulties at all?

[01:28:45]

**Joyce Alt, RN, MS**

[01:28:45]

No.

[01:28:46]

**T. A. Rosolowski, PhD**

[01:28:45]

No, okay.

[01:28:46]

**Joyce Alt, RN, MS**

[01:28:46]

Everybody is geared, everybody knew it was there and if they needed the police they were there.

[01:28:46]

**T. A. Rosolowski, PhD**

[01:28:47]

So you didn't have any role in setting this up?

[01:28:58]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:29:00]

No. I just staffed it.

[01:29:00]

**T. A. Rosolowski, PhD**

[01:29:01]

You staffed it. Was there anything else?

[01:29:08]

**Joyce Alt, RN, MS**

[01:29:08]

[No, just making sure some JCAHO (Joint Commission on Accreditation of Healthcare Organizations) standards were maintained.] I didn't tell you we had nursing conferences?

[01:29:11]

**T. A. Rosolowski, PhD**

[01:29:12]

Tell me about those.

[01:29:13]

**Joyce Alt, RN, MS**

[01:29:14]

We had national conferences yearly and we had participants across the United States come to that, and it was good.

[01:29:26]

**T. A. Rosolowski, PhD**

[01:29:77]

Did you have themes, or how was it organized?

[01:29:30]

**Joyce Alt, RN, MS**

[01:29:30]

Actually, what we did is take whatever was hot in Anderson care, we focused on that, and then have sort of a menu of things people could go to.

[01:29:45]

**T. A. Rosolowski, PhD**

[01:29:45]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

When did it start?

[01:29:45]

**Joyce Alt, RN, MS**

[01:29:45]

It started the year after I started [my position], and we did it every year and it got too costly. Well, plus, a lot of the hospitals were getting better, you know, they didn't need us as much, so we couldn't keep it going.

[01:30:14]

**T. A. Rosolowski, PhD**

[01:30:14]

What was the effect of those conferences? Did it have an impact on nursing at MD Anderson at all?

[01:30:22]

**Joyce Alt, RN, MS**

[01:30:22]

No, I think the conferences were a pride thing. It was put on by people who were specialized in the topic, and so it was nice. They got recognition and they enjoyed it, and the hotels were good to us.

[01:30:48]

**T. A. Rosolowski, PhD**

[01:30:48]

Well, it's nice to build a community. I'm sure there were people who found colleagues across the nation and that can always help you.

[01:30:55]

**Joyce Alt, RN, MS**

[01:30:55]

The other thing, the development of a Discharge Planning Team.

[01:31:05]

**T. A. Rosolowski, PhD**

[01:31:05]

No. We didn't talk about that, so tell me about that.

[01:31:11]

**Joyce Alt, RN, MS**

[01:31:14]



Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

This sounds ugly and I don't mean it to be, but doctors, for the most part, are not really good about getting the patient home. They [ ] write their prescriptions and [ ] diet, and probably ambulation [ ], but to prepare [patients] to go home, to get the people contacted who may need to take care of them. Just, they didn't do a very good job, and they really didn't have time. Discharge planning can be a lengthy process, because you shouldn't start the day that you're going home. We established a Discharge Planning Team and they too were assigned by specialties, so when the patient went home who had leukemia, they knew what they needed, the patient knew who they could call. It was just a really good move and they gained a lot of respect.

[01:32:24]

**T. A. Rosolowski, PhD**

[01:32:24]

When was this started?

[01:32:26]

**Joyce Alt, RN, MS**

[01:32:28]

I'm going to say, the [early 80s]...

[01:32:30]

**T. A. Rosolowski, PhD**

[01:32:30]

That's fine and you'll have a chance to review the transcript, so you can think about it a little and stick a date in. That's fine. I'm just interested, because I've had—a lot of people have talked about that phenomenon of survivors, people actually survive and go home, and how do you be a survivor or how do you help a person be a survivor? So it sounds like this is just one of the first steps, doing everything necessary to help the person go home and be functional.

[01:33:04]

**Joyce Alt, RN, MS**

[01:33:04]

We've got really, the idea, because of our ostomy patients.

[01:33:04]

**T. A. Rosolowski, PhD**

[01:33:10]

Oh, okay.

[01:33:10]

**Joyce Alt, RN, MS**

[01:33:11]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

Then, it just spread to different modalities.

[01:33:21]

***T. A. Rosolowski, PhD***

[01:33:21]

Who did you work with on this Discharge Planning Team?

[01:33:25]

***Joyce Alt, RN, MS***

[01:33:25]

We had a nurse [Annette Bisanz] that came to us from the east, who was really into discharge planning, and she came down and talked to me and I said golly, that's a wonderful concept. She was our leader and she decided where we needed it, and we dedicated some resources. She was very well respected and her specialty was ostomy care and bowel training, which is a big factor patients get in chemotherapy. She did a lot of lecturing just on that factor. But anyhow, and she just helped grow the team.

[01:34:25]

***T. A. Rosolowski, PhD***

[01:34:26]

Yeah, very neat. How did this team, how was it mobilized? Did a clinician say, 'Oh, I have such and such a patient going home,' or did the physician call or did the nursing team call, or how did these people get their assignments?

[01:34:43]

***Joyce Alt, RN, MS***

[01:34:44]

They were assigned by unit, so they knew who was going.

[01:34:48]

***T. A. Rosolowski, PhD***

[01:34:48]

Oh, all right, so the team kept tabs on where it is.

[01:34:52]

***Joyce Alt, RN, MS***

[01:34:53]

[ ] [Nurses could contest a member of the discharge planning team if she felt the plan was still in need of something. It was a great system.]

[01:35:07]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[01:35:07]

So I'm getting the sense that this time, there was pretty good communication among all of the different units and the services that were available for nursing support.

[01:35:18]

***Joyce Alt, RN, MS***

[01:35:20]

Yeah. Our Head Nurses met once a month too, and they shared a lot of grief and they were just, it was a good group of folks; strong and knew their resources, they really did.

[01:35:40]

***T. A. Rosolowski, PhD***

[01:35:41]

So they helped keep that communication going too, so people knew what was needed. Interesting. Did you see that changing over time, as the institution grew and kind of patient load grew?

[01:35:57]

***Joyce Alt, RN, MS***

[01:35:58]

I'll tell you, I guess I saw more change in them, that they were reacting and became stronger people.

[01:36:02]

***T. A. Rosolowski, PhD***

[01:36:06]

Oh, interesting. Like how did they express that change?

[01:36:13]

***Joyce Alt, RN, MS***

[01:36:15]

Just through their actions and less dependence on a supervisor who they didn't have, less calls to the Director of Nursing.

[01:36:23]

***T. A. Rosolowski, PhD***

[01:36:22]

Interesting. That must have been cool to see.

[01:36:30]

Making Cancer History®

Interview Session: 02

Interview Date: June 18, 2018

**Joyce Alt, RN, MS**

[01:36:30]

Yeah it was.

[01:36:31]

**T. A. Rosolowski, PhD**

[01:36:31]

Yeah, to see these people really coming into their own as leaders. Very neat.

[01:36:36]

**Joyce Alt, RN, MS**

[01:36:37]

And then well, we had—and then I put in, which was hard to do but I knew was coming, I made it a requirement to get at least a bachelor's. That was hard.

[01:36:52]

**T. A. Rosolowski, PhD**

[01:36:52]

Why was that hard?

[01:36:52]

**Joyce Alt, RN, MS**

[01:36:56]

A lot of them were older, family was dependent on them for income, and they weren't ready to study. (laughs) You know?

[01:37:06]

**T. A. Rosolowski, PhD**

[01:37:09]

Right. So this was a requirement if they wanted to keep their position, they needed to go back to school.

[01:37:13]

**Joyce Alt, RN, MS**

[01:37:13]

Yeah.

[01:37:14]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***T. A. Rosolowski, PhD***

[01:37:14]

Why did you feel that was an important requirement to have?

[01:37:14]

***Joyce Alt, RN, MS***

[01:37:16]

It was coming. They were fading out the Diploma Schools, the AA Schools were still there, but it was inevitable.

[01:37:34]

***T. A. Rosolowski, PhD***

[01:37:33]

Interesting. Was there anything else that you wanted to...?

[01:37:42]

***Joyce Alt, RN, MS***

[01:37:44]

I don't think so. Anyway, you've got a copy of what I thought about.

[01:37:54]

[Later addition via email, 8/27/2018: I wished to include some thought on the educational opportunities for the hospital aide and licensed vocational nurses. In our monthly discussions with representatives from various units I learned that so many of the hospital aides and licensed vocational nurses were either putting their children through school, had completed the stated, or were nearing the end. Now they had time for themselves but money was spent and they felt they were too old. I mulled this over for some time and came up with the thought of the possibility of having the Houston Community College come to Anderson, provide opportunities for the hospital aides and licensed vocational nurses to begin the first rung of their new career. The benefit for us was to have progressive caregivers, i.e., hospital aide to LVN and LVN to beginning the foundation for a registered nurse career. This could happen while they were employed, allowed time to attend classes, money for tuition, and support from staff if tutoring was needed. Fortunately Dr. LeMaistre and Mr. Gilley thought it was a good idea and financial support was given for classes, head nurses supported time off for attending some classes during the week and after months of support of every kind, we were able to publish our first LVN graduating class and future R.N. graduates. Magical!!]

***T. A. Rosolowski, PhD***

[01:37:54]

Yeah, yeah. This has been really interesting, it's a really interesting perspective on this time and

Making Cancer History\*

Interview Session: 02

Interview Date: June 18, 2018

kind of jumpstarting that whole process.

[01:38:07]

**Joyce Alt, RN, MS**

[01:38:07]

I wouldn't say it was fun. It was worthwhile. You know you felt like you were accomplishing something, and the people told me they had appreciated it.

[01:38:29]

**T. A. Rosolowski, PhD**

[01:38:29]

Did you anticipate, early in your career, that you would want to be a leader or that you could be a leader?

[01:38:39]

**Joyce Alt, RN, MS**

[01:38:39]

No. I left Methodist to become a Head Nurse, but beyond that, no. I don't know why I kept going. I don't know. (both laugh) I really don't. I enjoy people and working in a larger circle. Anyway...

[01:39:12]

**T. A. Rosolowski, PhD**

[01:39:12]

Well, is there anything else you'd like to add about your time here at MD Anderson?

[01:39:18]

**Joyce Alt, RN, MS**

[01:39:18]

It was a great place, you know? I'm glad I was there, glad that it was in my life. [I was blessed to have worked with so many committed to the care of patients with cancer. I am blessed to have been able to serve our patients and learn from them. Because of it I have a better appreciation of life. For me the past thirty years have been truly "an experience in life" for me.]

[01:39:27]

**T. A. Rosolowski, PhD**

[01:39:29]

What do you think it means to patients?

[01:39:33]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***Joyce Alt, RN, MS***

[01:39:36]

Everything, it's a savior for them. I believe that. Anderson takes raps every once in a while, but the majority of the patients and their families, there's no place like it on earth.

[01:39:58]

***T. A. Rosolowski, PhD***

[01:39:58]

What makes it different?

[01:39:58]

***Joyce Alt, RN, MS***

[01:40:01]

I think there's a lot of people that are truly caring, so many, and I think they have faith that if anybody can help them Anderson can, and so they go there.

[01:40:25]

***T. A. Rosolowski, PhD***

[01:40:28]

Is there anything else you'd like to add?

[01:40:29]

***Joyce Alt, RN, MS***

[01:40:30]

No, I don't think so.

[01:40:31]

***T. A. Rosolowski, PhD***

[01:40:32]

Well thanks for your time.

[01:40:32]

***Joyce Alt, RN, MS***

[01:40:32]

Well, thank you.

[01:40:32]

***T. A. Rosolowski, PhD***

[01:20:07]

It's been really, really interesting, I've enjoyed our conversation.

[01:40:37]

Making Cancer History®  
Interview Session: 02  
Interview Date: June 18, 2018

***Joyce Alt, RN, MS***

[01:40:38]

Thank you.

[01:40:40]

***T. A. Rosolowski, PhD***

[01:40:40]

Well, I just want to say for the record that I am turning off the recorder at about 2:42.

[01:40:47]

[End of Audio File]