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Stella Jedrzewski Wawrynovic

Genevieve Jedrzewski Williams

Kelsey Duinkerken

Thomas Jefferson University

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**October 6, 2015 – Jenny Williams speaking about her sister Stella Jedrzewski Wawrynovic (DN 1940)
with archivist Kelsey Duinkerken in Indiana, Pennsylvania**

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

JW: Jenny Williams

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

JW: My name is Genevieve Williams. Uh, better known as Jenny. I am the tenth of ten children. Uh, from a family of Polish immigrants. My parents came from Poland. And their, um, mission in life was to give all of their children an education so that they would have a better life than they had. And they succeeded in doing this, which was not easy, considering the first children to go to college were during the Depression. Uh, one of these was the third child in the family, after two boys at Penn State the third girl decided to be a nurse. Her name was Stella, and when the family physician in Osceola Mills, Pennsylvania realized that she wanted to be a nurse, he being a Jefferson graduate insisted that she could not go anywhere but to Jefferson, and he saw that she went to Jefferson. Uh, following in her footsteps there were actually three nurses in the family. Another sister who broke the chain and went to Temple, and I followed her to Temple. Um, most of the boys went to Penn State and one of the sisters went to Penn State. Stella set the threshold very high for all of us because she was the one that had to learn to sew so she could make clothes for the remaining members, girls, in the family. She was the one that taught us manners and how to deal in the world so that our journey into life was much easier than hers, because she was, um, breaking a trail for the rest of the girls. My first, um, knowledge of Stella, I was three years old when she left home to go to Jefferson. So I just remember her coming home to visit as this classy city girl that we were all very impressed with. And so I was -- she was more of a visitor to me than a sister, and it was not until later in life when she -- her husband died and her children had all died that she needed someone to be her advocate and spokesman, and she asked me if I would do this for her. And I was very honored to do it, though at times it was very difficult because she was not the easiest person in the world. I was very happy to do it, and she made me a better person for having gone through that. Um, in her later years she became more and more proud of the fact that she was a Jefferson nurse. And up until the time she died at the age of ninety-five we always had a discussion of whether Jefferson nurses or Temple nurses were better nurses, and we never settled it so I'm sure now it will never be settled. Um, her life was very interesting in that when she was at Jefferson, uh, she graduated at the beginning of World War Two. And so, at the end of the war she did go into the Army as

¹ Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines:

http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

an Army nurse and was also very proud of that service. Then, upon discharge, went back to Jefferson and worked, um, at different jobs there. One person she always kept in touch with was her best friend, Anna Alexander Krall. She referred to her as Alex and Alex referred to Stella as N J. The basis for that is the pronunciation of her Polish name was en-jay-ef-skee. And so she just shortened it to N J. Uh, after all the years up until their -- Stella's death they kept in touch at least every other week by phone. Uh, a remarkable achievement over that many, seventy-five years. Um, unfortunately Anna cannot share her stories now because she also passed away this year. As well as her husband who was also a Jefferson graduate. Uh, the family would be very happy to share their stories with you. Um, I can give you the references for those.

KD: Mm hm.

JW: Um, during her experience at Jefferson, and my experience at Temple, even though there were sixteen years difference between us we're similar in many ways in that when you went in to nursing, uh, at that time, you su- committed to three years, twelve months a year. And you lived in the nurses' quarters. All the girls were single. Marriage was not permitted. Um, you did not have a choice of not living in the nurses' quarters. That was required. You went to class and you worked five and a half days a week for me and six and a half during Stella's day. Um, you -- it was almost like being in a convent in that it was all girls and we were under strict rules you had to be in by ten o'clock every night. Uh, you had one overnight a month, but you had to tell the housemother where you were going and sign out to where you were going to be. Um, you lived with the same girls through the three year period so you developed some very close relationships. Um, and to this day I still keep in touch with the girls that I lived with, many, many years ago. Um, for the first time two years ago I went to visit my best friend, whom I had not seen in over fifty years, in California, which was very emotional. And we just picked up where we left off from nurses' training and started our friendship all over again. By living in those conditions you developed friendships that today's students do not develop because we ate together, we lived together, we fought together, we worked together, and, uh, the -- they became family. More so than your family that you grew up with because you were at a stage in life where you got to know these people on a different level. An experience that I think is priceless and I feel bad that people today cannot achieve this because society is not the same as it was then. I think they've lost something, uh, in the process. Maybe it's just old age speaking, but uh, I honestly think that we had, we had something that they don't have today. Uh, as far as being a nurse we worked very hard and, uh, we were allowed to assume responsibilities that would be unheard of today. Um, at the end of your first year you were -- had received your cap and your bib, which meant that you were a full-fledged student, and at that time you were able to be in charge of a floor in a hospital with twenty patients, uh, as the only nurse. That would not happen today because of legalities. But at that time, we thought we were giving pretty good nursing care. And maybe we were, maybe we were lacking, but, uh, I think that when we graduated we were certainly better prepared to handle a job than the girls are now because we had all the practical experience and at this stage they're talking about adding on an internship after graduation and we had our internship during the training period. It wasn't always easy because we went to class and we also worked so that um, it wasn't just studying and not working at the same time. Um, during the training years we were farmed out, uh, for periods. Psychiatry was a three year -- three month stretch and it was

done at Byberry Hospital in Philadelphia. At that time the Jefferson nurses and the Temple nurses and all the other nurses in Philadelphia rotated through there so we go to know girls from the other hospitals as well. Pediatrics was farmed out to the Children's Hospital. Um, Temple went to Saint Christopher's and Jefferson went to Children's Hospital. Um, we -- I feel that we came out very well prepared. And for my entire life I've felt that I had received an excellent education and uh, and very proud of the fact that I continued in the nursing field until I was ready to retire. Uh, Stella stopped working as a nurse professionally after she married because she immediately started a family and her husband was in business so she helped him with his business, but she did do volunteer work with different organizations in her hometown of Clearfield. Uh, especially when her second daughter -- first daughter, second child was born and was a cerebral palsy. She became very active in the cerebral palsy, uh, organization. Volunteering time and, uh, money as well. Her daughter lived to be seventeen years old and she took care of her personally at home by herself, which was a full-time nursing job. So her nursing experience certainly paid off in that respect. Um, her first child died at the age of four of leukemia and uh, the third child was, uh, just lived one day. At that time the R H factor was a big taboo in having children, and we all shared the R H factor. R H negative factor. Um, Stella lived to be ninety-five years old, and um, at that point her entire family was in the cemetery and for years before her death she told me she was ready to go, she wanted to join her family, and um, left all of her estate to charity, which was considerable, and uh, in her honor it was my privilege to establish the scholarship at Jefferson because that was something that she was most proud of in her lifetime. And I hope that the students in the years to come will remember her just because of her, uh, being able to help out at least a little in achieving their education. Uh, the remainder of her estate went to uh, the local foundation and is used for scholarships in the high school students' honoring achievement as valedictorian and salutatorian, and uh, which are very considerable and very much appreciated. So all of her efforts that she spent her life earning all this money are hopefully going to, uh, profit young people just starting out. And all I ask is that she be remembered for what she's doing. So. Any questions?

KD: Yes. Yeah. Thank you for that. Um, do you mind if we go back a little bit.

JW: Certainly.

KD: Back to the beginning?

JW: Sure.

KD: Um, and if you could tell me perhaps how you became interested in nursing? If that was because of your family history with it, or even if you know how Stella became interested in nursing. What draw her to the field.

JW: It is very interesting because my parents, as I stated, were Polish immigrants. And, uh, in that setting it is a very chauvinistic world. So, the boys were all to become engineers, and the girls had a choice. They could either be nurses, teachers, or secretaries. And so I was not cut out as a secretary, I wasn't cut out to be a teacher, so I became a nurse, by default. Um, probably could have been something else, but that was not the way it was laid out at that time. I have no regrets because I did go back eventually and

get my teaching degree because none of the other girls became teachers so I wanted to say to them, "OK, you got one teacher anyway." I do have a sister that's a secretary.

KD: OK.

JW: So all their wishes were fulfilled. But uh, at that time, uh, mostly boys were educated and in the community where we grew up nobody was being educated. So there were very few of us that were going on to college. Especially at Stella's level, once at my -- years later, there were more children going on to school. But, and during the Depression people just could not afford to send their children to school so it was very unusual to have my dad insist that they will go to college. And once the first graduated then they would help the ones coming along later. He was a coal miner. He was not a rich person. Um, and um, so we have always thanked him for his foresight to give us a better life through education.

KD: Alright. So can you tell me about your time, um, in nursing school, and maybe any parallels you were able to draw then or later between your experience at Temple and Stella's experience at Jefferson?

JW: Um, they were very similar except that some of the uh rules, in reading her rules and regulations, were lifted. Um, at the time she was there they were not allowed to date medical students. That changed when I was there {LG}. Um, it's the things that I see now that I smile what we did, was when we were students or even nurses, when a doctor approached the desk we always stood and let him sit and do his work because their work was more important than our work. Um, and that continued through my time in nursing, also. Um, the um -- dealings with the patients were very much the same. It was always that professional uh, uh, honoring their, uh privacy and, um, dealing with families as well as you get the same sort of thing you do now. Um so those things I don't think ever will change. I hope not anyway. Um, as students we -- when we went in to nurses' training we paid your tuition but the room and board was free. In compensation you, you worked at the hospital so that I don't know who came out ahead, but we both did I think. Uh so we did, we paid for nothing except our tuition. And they provided the uniforms, they laundered the uniforms. So everybody looked the same, and um, there were no wealthy students, no poor students. You lived in a room with maybe three other girls. And uh, you had the bare essentials, but, we ate at the hospital so the expenses were down to a minimum.

KD: Mm hm.

JW: Which I think provided for people being able to become educated nurses where they would not have under different circumstances. That was the case when she went and that was still the case when I went. And I know that's not the case anymore. Um, whereas the students coming out now usually have large debts, and we did not have that. Um, we took our, our state boards the end of our training. Uh, she did as well as I did. And uh, if you didn't pass you could work as a graduate nurse but if you passed you worked as a registered nurse, which was a minor increase in salary. I hate to tell you, but when I graduated in nineteen fifty-five I was paid two hundred dollars a month to be a nurse {LG}. And uh, that was the average salary. And, at that time, of course, it was fairly low-paying, but not, we weren't making a lot of money. Um, so from the time she started until I was in nursing not too much had changed. We were still under the same program, with a three year program twelve months a year. Um, so that. It was very similar.

KD: Mm hm. Yeah. And so you mentioned that Stella didn't practice as a nurse for most of her life, um, but could you tell me about her time practicing? It was during World War Two, correct?

JW: She graduated in thirty-nine, class of forty, whatever the explanation for that is {CG}. And she stayed on at Jefferson and worked -- I know she worked for an obstetrician and a urologist. And uh, then at the end of, close to the end of World War Two she went into the Army as an Army nurse. Was stationed at Fort Dix in New Jersey. And then when she got out of the Army in forty-five, forty-six she went back to Jefferson, and I'm not sure who she worked for at that point, but she did go back and work at Jefferson again until she got married in forty-nine. Um, so those years, she was essentially ten years of nursing, most of it at Jefferson. And then once she married, uh, she did not work in the hospital after that. But uh, always felt that she was still a nurse.

KD: Mm.

JW: And, and I'm sure she kept up her registration right up until the time she died.

KD: Oh wow.

JW: Just because she was very proud of it.

KD: So, this might be more from your perspective, but could you tell me a little bit about how your career has changed over the years in regard to nursing specifically?

JW: My career? {CG}

KD: Yeah.

JW: Um, yes. After graduating from Temple in fifty-five I stayed on and worked at Jackson Clinic for a year. And then I married and moved to Washington D C, uh, where he was in medical school. And I started out at the V A Hospital, which was a very tragic experience for me because as a young nurse we had -- we were put immediately on night duty and you covered three buildings. Not three floors, three buildings. And uh, so I left there and started working in the operating room at George Washington University Hospital, which I enjoyed very much. And uh, once I started a family I continued working until he graduated. And then I stayed home and raised a family after that {CG}. When he went into practice I started filling in at the office as a nurse again. And um, as my children grew up and then were in high school I became restless and so I went back to I E P, which is locally here, Indiana University, and got my degree in education. And um, at that time they were, there was a great nursing shortage {CG} and so the hospital contacted me and asked me if I'd be interested in coming back to work. {CG} So I said, "Yes, I'd like to work three days a week." And they said, "OK, we'll put you in I C U" {LG}. Well, I'd been out of nursing for twenty years, but I went back to I C U and started in I C U and then from there went to uh -- and it wasn't three days a week, it turned out to be five days a week. Weekdays, nights, weekends. There is no such thing as part-time nursing. Uh, because if somebody doesn't show up for work you stay. And from there I went into cardiology and uh started doing stress testing, uh, and finished my career there. And then retired from nursing and became business manager for the practice, and then just totally retired {LG} in uh, ninety-eight. Yeah. So, So, I've been retired for a good amount of time.

KD: So over those years when you worked -- were working, as a nurse, did you see any big changes in the field?

JW: Um, yes.

KD: Or just things that were remarkable to you.

JW: Right. Um, when I went back after twenty years to I C U {CG} of course everything was new as far as equipment was concerned {CG}. Excuse me. As well as {CG} as well as the duties of the nurse, because there we were operating on standing orders and took on a lot more responsibility than we had ever been allowed to do when I was in nursing previously. Um, the uh, nurses were better educated in certain areas but not as well educated in bedside nursing. Uh, so it kind of evened out at that point. Um, found it, being an older nurse, we were more, assigned more to the families that, the patients that needed tender, loving care.

KD: Mm hm.

JW: Because we were used to providing that. Um, but uh, it was a totally different field of nursing from what I had left twenty years before. So um, it took some catching up to do but it was well worth it. And as a result, uh, being older also became preceptor to the students that came through the university and uh. The ethics and, the dedication I did not feel were the same as it was when I was in nursing because they were in a different environment. They were college students. They were not hospital based. They were not -- didn't have to answer to the hospital, uh, whereas we did. And so they had a lot of catching up to do upon graduation in the work environment as opposed to -- they had the educational background. They just did not have the practical experience. And uh, I don't know exactly what all the regulations now are but I think a lot of the hospitals are taking them on as um, interns at a lower, reduced rate until such time as it takes to gain some experience. And all the hospitals want experienced nurses but where are they going to get the experience if they -- somebody doesn't take them. So there are a lot of girls I know that graduate and have a hard time getting a job because they don't have the experience. So we had that -- we may have not have had as much education in certain areas as they do. And the thing we were lacking is that we did not have English and History and all those nice little things that they're getting now. Ours was more scientific from day one. Concentrated in medicine and in nursing. But uh, interestingly enough, one of the preceptors I had, uh, in the I C U was a girl by the name of Victoria Rich, and Victoria Rich went on and eventually became the Dean of Nursing at uh, Penn, and only recently retired.

KD: Oh. Wow.

JW: Yeah. And I asked Beth Swann if she knew her and she said she did.

KD: Mm hm.

JW: Yeah. But, so I've been in this business way too long {LG}.

KD: {LG} Alright. So is there anything else that I haven't brought up that you'd like to talk about? Anything else you'd like to say?

JW: You know, as I stated, I did have the privilege of working for the both the elder doctor Chevalier Jackson and the younger doctor Chevalier Jackson in Jackson Clinic. At that time they were at Temple and uh, I understand they {CG} they did start at Jefferson and I think they went back to Jefferson afterwards. But uh, during my time at Temple they were at Temple, and it was a very rewarding experience, uh, working for them, because it was something totally different than anything I ever thought I would do. And uh, I had a great respect for the work that they did. And considering the instruments they were using at the time they were accomplishing miracles because there were no flexible bronchoscopes and.

KD: Yeah.

JW: They were all rigid, and uh, they were famous, world-famous for removing foreign bodies from patients coming from all over the world. For that. So. A priceless experience for me.

KD: Anything else you'd like to say? Any other thoughts, memories, recollections?

JW: Um, it was, it, an experience for a country girl who grew up in a small town, as it was for Stella also, to get on a bus and end up in Philadelphia. Downtown Philadelphia. And the education came very quickly {LG}, um, because it was two different worlds.

KD: Mm hm.

JW: Um, an experience that I would not forgo for anything because I knew what it was like to live in the country and I knew what it was like to live in the city, and uh, we've lived in cities since then and when it came time to have a choice I moved back to the country. For the much more relaxed way of life, and uh, um, you, I think you just get to enjoy life a little more, especially as you get older and raise a family. So. But when it came to my own children I did not want them to stay home. I insisted that they go away to college because they needed that experience. And uh, which they did. So. And we're very proud of being associated with the medical field, not only my husband, but I also have a doc- daughter who is a doctor, and she's an anesthesiologist. Graduated from Penn Medical School. The other two are not, they're in business, and as the years go by now you see more and more changes in the medical field under the new system, um. It's hard for we elders to accept a lot of this because we knew the way it was before. And even though there are advances in certain fields there are other places where a lot is lost. The patient contact with the physicians, particularly, and the nurses is not the same as it was way back then. The other things may be better but we've lost that, uh, human contact, one-on-one. You knew your patients. You knew the families. Uh, and that isn't there anymore. Even being on the consumer end now it's a little hard to accept because you would like it to be how it was when you were the provider. But it's never going to go back there. Um, and that, I think we've lost something there. And I know I do not have that physician patient relationship that existed, uh, way back when.

[End of recording]