

# 14 BS in Nursing Graduate

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I went to Boston College School of Nursing. I started in 1957 and graduated in June of 1961. My bachelor's degree is in nursing.

*(Tell me a little about your experience: why you went to school, why you chose nursing... why you chose that school...)*

Yes. I had never ever wanted to do anything but be a nurse. I decided when I was four that I would be a nurse and it was just a straight shot for me after that. I was in high school and in Springfield if you were going to be a nurse and Catholic, you probably went to the Mercy Hospital School of Nursing in Springfield, or possibly the Providence Hospital in Holyoke. So my plans were to go to the Mercy Hospital School of Nursing. Some time in my senior year, one of my teachers said to me, What are you going to do? And I said Oh, I'm going to be a nurse. And I'm going to the Mercy. And She said well, that's good, but you can go to a college and be a nurse. And I said You can! I never heard of such a thing. And she said, yes, And I said "where would that be?" and she said "well, Boston College has a program". And I really had never heard of Boston College to tell you the truth. But I came home and told my parents and said maybe I'll look into it. So those were the days before parents were as involved in college search for children. So I wrote to them and got a letter back and the dean said why don't you come down for an interview. So I hopped on the train and went down by myself for the interview. Came home. She said come on this particular day we're going to give a test in biology or chemistry just to make sure you can handle the work or something. And I came home and gee, first of April a letter arrived and said I was accepted. So my parents had never even seen the place. So that was it. It was serendipitous really, providential in my mind that I arrived there because my family was a college family: my parents were college graduates, my sister and my brother before me, so it wasn't that I was not looking for college, but I didn't think it was in the cards for me.

It was an outstanding experience. In those days Boston College was not fully integrated although there were women in the school of nursing and only women in the school of nursing. We were not on the main campus; we were in Boston College In-town in the city. We went to the college two days a week for some of our courses, particularly those courses that required laboratories. So on Tuesdays and Thursdays we went out to Chestnut Hill and had our courses in anatomy and physiology and chemistry and physics and theology and English. And the other courses the professors went In-town on Monday, Wednesday and Friday.

So it was at a time in 1957 when the diploma program was still extremely strong; very strong, and there was a little bit of... we sensed a rivalry between what we were going to be learning and what the diploma students already were learning, and it was a time when you recognized other students by their caps miles away. You knew exactly, oh these were students from Children's Hospital; from Whidden Memorial; From Boston University School... all the schools, you could recognize their caps instantly.

We did not do any clinical in our first semester. But in our second semester we did something called PM care. Those of us of a certain age know what that is. We went over to Boston City Hospital and we were there from two to five. We were assigned a patient; I distinctly remember my first patient. we were assigned in pairs and we were to give afternoon care which included back rubs, washing the patient's hands and face if so desired; offering fluids, and just straightening up their bedside table and getting them whatever they wanted. My first patient, my roommate and I were assigned and we went in and the patient was not.... really... just barely conscious. He was an elderly man. We were in a 24 bed unit: all the beds one right after the other. And we told the man we were there to give him a back rub and he wasn't responsive to us so we kind of pulled back the covers and the man was covered with feces. I remember bringing the sheet back up, looking at my room-mate and saying "I don't think I can do this." But my roommate was full of resolute determination

and we did do it. We did well by this poor man who was just really barely able to do anything. He really wasn't able to do anything. I never forgot my first patient.

Although it was a Catholic school, there were no nuns involved. Because it was a Jesuit school and they did not hire any nuns so it was all lay people. But it was very spiritual. The Jesuits taught us but not nursing; they taught all the supporting classes: English, and theology and history and ethics and philosophy. Those were all taught by Jesuits. But all the nursing classes were taught by lay women and they were very clear. I had kept all my notes from nursing school from day one. As a matter of fact, I offered them to the library at Boston College and they accepted them. So they're in the archives at the Boston College Library right now. But the first sentence in. my nursing... (I didn't keep the notes from every class; I didn't keep all my theology or English notes, but I did keep all my nursing notes.) And the first note that I ever took in nursing school was: Nursing is... the purpose of nursing is the salvation of souls.

*(Interesting.)*

And I took it very seriously. So for me, nursing has always played out in both my professional and my personal spiritual life. It's all combined in me; it's never been separated. From the earliest time we were always taught it was a privilege, and to this day I consider it a privilege. It is a privilege to me that nursing just by virtue of its definition is really the only profession that implies intimate touch at the first encounter. Even physicians have to say well now may I examine you? But for nurses it's implied, so I always felt enormously...

*(you enter the room and...)*

And they know why you're there. And I always felt enormously privileged, and I still do. So it's been close to fifty years of truly a life of privilege for me. So that was our first semester, That was the second semester of my first year. And the next year when I was a sophomore we went again in the afternoon, I guess, for the same kind

of thing. We did not start full time clinical until the second semester of my second year at which time we moved to Boston City hospital. At that time the diploma programs were generous to us in that they gave us room and board for a full year. They were still paying their students a small stipend a month or a week. We of course did not get paid, but we got free board and room. So we lived in the same dormitories that all the diploma school students lived in. So we were in with a lot of the diploma students, living and eating our meals and so forth. So we started out with a basic medical surgical one year, so from January from June, and we came back in September to December, it was just total nursing for a year at Boston City Hospital adult medical surgical -- the usual thing that went on in the 50s: six weeks of OR, six weeks of the clinics, being in a surgical ward, patient care plans. We were considered to be a novelty in that we had seven basic needs that we were supposed to be addressing. So we were addressing seven basic needs of physical, emotional, spiritual, therapeutic... whoops, I can't remember exactly the rest. And that was it for that year. The following year, we went off onto three month specialties: three months at children's center for pediatrics; three months at the Institute for Living for psychiatric nursing in Hartford Connecticut; three months at St. Margaret's Hospital in Dorchester, Mass for obstetrical experience.

*(That's interesting that you went to Dorchester with Boston College. ? hospital did not do?)*

There was no Boston College Hospital. Boston City?

*(Yes.)*

No they put us around at different hospitals. Six weeks at Rutland Massachusetts veteran's TB sanitarium. So we moved around a lot. The final semester we returned to the campus for our final semester and our final clinical of community help, of which I did VNA experience in Hartford, Connecticut.

So upon graduation.... I knew I wanted to teach nursing and I started looking for a nursing job. My first initial nursing job was as a camp nurse in Gloucester, Massachusetts for eight weeks which was quite an experience for a young nurse, but it was an excellent experience actually. It got me in touch with how uptight I was because the camp community which I had no familiarity with was different from any community that I had ever... it was a very closed community. The camp world is another sub culture. Camp personnel and campers and camps are a sub culture. So that was an interesting thing.

I went around for jobs here in Springfield and my roommate and I thought about going back to Rutland and the VA hospital but then my roommate said she wanted to strike out for adventure and she was going to California. But I didn't want to go to California, so I started looking for jobs locally in the Springfield area. I remember having an interview at the Springfield Hospital where Ms. M, who was a legendary figure in the area, said it was nice that I was there to apply, but why ever should she hire me? I was devastated. I was like Oh my God, this is what the job search is going to be like...

*(Did she have any reason to say that?)*

No. I mean it was just the diploma mentality at that time. I think she thought that I was extremely presumptuous to even be looking for a job at this point. I was hired at the Providence Hospital School of Nursing, a diploma program, which was in full swing in 1961 with Mary O. as director who was an amazingly exceedingly well prepared educational director. Sister Mary N. was the actual director because the Sisters of Providence were in the place, but Mary O. was the defacto director and she had her Master's from Boston College School of Nursing. One of the few people in the area actually who had a Masters in nursing and she was a wiz at curriculum design. The curriculum at the Providence Hospital School of Nursing was outstanding, and she put me right to work writing lesson plans, outcomes, evaluation plans. We worked a 40 hour week back then with a two week vacation

for \$4,000 a year I might add. So it was an educational process because I did nothing without passing by Mary. Everything had to be checked and double checked. I was clinical instructor for orthopedics which I had semi-specialized in when you had a choice to pick whatever you wanted. I was somehow attracted to orthopedics. So the students would come for a month's rotation on just orthopedics. So that was my clinical area, and my teaching area was whatever they gave me. And I learned so much those first two years, it was amazing.

I subsequently married and expecting my first child and so I was retiring from that job. But I immediately went into part time medical surgical nursing at the Wesson Memorial Hospital and at Providence Hospital. So it was a good was for me to keep nursing, but not have the rigors of a full time job.

*(Did you keep any of those papers you had; the curriculum and everything that you had done?)*

No. The school is closed. It was amazing. It was based on the uniqueness of the Human Person in the requirement that every nursing action... it didn't have... it was before nursing theorists had arrived, but it was basically on the uniqueness of the human person and the subsequent requirement that every nursing act had to build on the very special qualities of the human person. It was religiously based: it was a Catholic School.

*(Do you know when the school closed?)*

It closed in the 80s. It was in the mid 80s

*(Do you have any idea when it started?)*

Oh, it was old. It was over one hundred years.

*(I asked Sister J., she is the archivist...)*

It was old because the Providence is an old hospital and the sisters came in the late 1800s. If it wasn't 100 years old it's pretty close to it, as was the Mercy. The

Providence Hospital School of Nursing was always a little smaller than the Mercy. The Mercy was kind of the dominant Catholic nursing school in the area. It was St. Luke's in Pittsfield by the Sisters of Providence, Providence Hospital in Holyoke, and Mercy in Springfield.

*(And there's one in Worcester...)*

And St. Vincent's in Worcester.

*(After you retired you went to work at med surg at the Wesson...)*

Part time. And at the Providence. It was a full service hospital with maternity, pediatric, medical surgical patients.

*(Let's take up your story after you went to work.)*

I subsequently had four children in 4-1/2 years. We were busy but I kept working part time all the time. So this brought us up to 1968 at this time and I worked the whole time, part time, but I always worked, doing different things. Whatever came up is what I did. Around 1969 I went to work for the Trade High School Practical Nurse Program. It was Putnam Vocational School's old name and they had a long standing from the 40s, they had a long standing LPN program there which was a post graduate program. It was 15 months by the time I arrived it was a 12 or 15 month program I can't remember. I worked two days a week there for three years teaching in the LPN program. In the third year, Trade High School moved its entire program over to the new endeavor that was starting up in the present Springfield Technical Community College. So for one or two years it was called Springfield Technical Institute. And it was like this post graduate... at the time Trade High School had several post graduate career choices. I think there was something like heating and engineering, beauticians and there was an LPN program. They all moved en mass over to this new endeavor, called Springfield Technical Institute.. So for one year I taught the LPN's at... well they called it STI: Springfield Technical Institute. It very quickly assumed the name Springfield Technical Community

College when it went into the fold of the just-beginning Community College System in Massachusetts. And I continued working there.

In 1971 or 72; some of these years are a little foggy. '71 or 72 I went to work in the University of Massachusetts School of Nursing part time doing clinical and classroom in maternal child health. I was there for one or two years. Following that, I went to work full time at STCC in 1972 I believe it was, and I went full time as a med surg instructor. Mary O'Leary was the director of the school at the time. And I did two years of medical surgical at the Mercy while teaching medical surgical courses. Then Sister Mary E. who was on the faculty at STCC and who was the pediatric instructor was looking for an assistant and I thought well, no one seemed to be volunteering, I can try it. So I did. I went to pediatrics at Baystate Medical Center and I stayed at STCC for another two years at which time I then went back to get my Masters at the University of Connecticut in Parent Child Nursing.

I worked part time at STCC while I was getting my Masters, which took two years at the University of Connecticut and when I finished, I was going to return to STCC but they were in some kind of... I don't know, financial problems or something. They weren't even going to give me a raise; I was at the first step of the instructor program. So I went up to Holyoke Community College in 1978 following my graduation. In 1978 I started at Holyoke Community. I was teaching in the combined med surg course where pediatrics was held and I did that for several years; many years, up until I became the director of the program in 1990.

*(At STCC?)*

No, at Holyoke.

*(At Holyoke. Sorry, I lost something.)*

Yes, I went to Holyoke Community in 1978 and in 1990 I was made the director.

*(So you know both HCC and STCC)*

I stayed in that position until 1998 at which time I stepped down as director and returned to med surg instruction for two years and retired in the year 2000. In between that time I did nine years of camp nursing. In addition, I taught 5 years in a RN-BS completion program at Fitchburg, P.T. held on the UMass Amherst campus. I took a sabbatical and did hospice care for a year. And that kind of sums it up.

*(Reflecting back on your... can we look at the beginning of the ADN program at STCC and also at HCC and your impression on the program itself and any opinions that you may have or comments you may have about where this fits into the nursing continuum?)*

It was interesting because when I was a senior in college I wrote a paper about the emerging associate degree program and my prediction at the time was it would be folding into the baccalaureate program probably within a ten year period. This was in 1961. It's now the year 2010. I haven't seen it yet. It's been a long 49 year odyssey. At the time when I began at STCC, most of the people there... actually, it was interesting. Three of instructors out of eight or nine of us, three of us were baccalaureate graduates from our basic under graduate. The others all had bachelor's following a diploma program, so there was a lot of very high level expectations for the students -- a lot. As I said. Mary O'Leary would have been the director of the diploma program in which I worked and I considered her way ahead of her time, so we had a program that was very, very solid; very tightly woven together and there wasn't much left out. So I guess I would say at the time I was comparing it very favorably with the diploma program, and I was comparing it very favorably with the beginnings of the baccalaureate program. We were clear that we were missing leadership; we were clear that we were missing community health and we were very clear with the students that they were missing that. But as far as basic care, I thought that our students were extremely well prepared. When I got to Holyoke, there was a different atmosphere. The atmosphere at STCC, and I'm not sure how this happened, and I'm not sure why it happened, but the atmosphere was

a little bit of, "well the door swings in and the door swings out" so I do feel there was more fear at Springfield Technical Community College on the part of the students.

*(I'm trying to get the analogy -- don't let the door hit you on the way out...)*

Exactly. Exactly. There was a little bit of, "well, we're going to make sure you make it and we're going to be the gate keepers and we're going to make sure your worthy of entering the nursing profession." That was, in my opinion, the overriding atmosphere at Springfield Technical Community College. When I got to Holyoke Community College, and I attribute the change in atmosphere to the influence of Sister M. C. who was the psychiatric nursing instructor at HCC for many years. The atmosphere was very different. The atmosphere was, "you got into this program. It's been a very selective process: there were up to 300 to 400 applicants for 40 places, and once you're in we're going to do everything we can to help you get out." So it was just a very different atmosphere.

*(Very supportive... stand on your own two feet.)*

Very supportive. With a lot of excess... it was a very different atmosphere, and I found I was thriving in this atmosphere because it was a little different. It wasn't so much that we were the guardians of nursing; I mean we still were to a certain extent, feeling that way, but it was more that there was room for a lot of different people. We had a very varied student body which we had at STCC also, but it was varied at Holyoke, and we had a lot of Vietnam veterans who were in the medical corps; we had a lot of second career people; we had all adults; the average age of our students at HCC was 34. We had very few recent high school graduates and we had an outstanding program.

In 1982 I think it was we redid the entire curriculum according to Orem and it became a totally Orem based curriculum: extremely strong, extremely well put together with the language in every course that led into every other course so that we... based on Orem we had people who needed nursing care to meet their basic

needs; we had people who needed nursing care because they were in a certain developmental stage; we had people who needed nursing care because they had health deviations. And in the fourth semester we put all three things together for the final course. It was an outstanding program. I can remember graduates of ours going on for baccalaureate programs and in several baccalaureate programs they would ask the newly accepted students what conceptual framework did they have and our students were always able to identify that it was Orem. It got to be a little bit of a joke because some of the Orem language was so unwieldy and so difficult that we would laugh about it but nevertheless identified it.

So I fought mightily for our nursing to be recognized by the baccalaureate program. The University of Massachusetts, Amherst required our students to take all of the NLN exams to determine their basic competencies in basic nursing which quite frankly I found insulting because I knew... we knew our students were capable. So we inked an agreement with another college, the College of Our Lady of the Elms, which also had a baccalaureate program and the Elms gave credit to our students for their basic nursing. In a historic moment, the University of Massachusetts did the same. We also had agreements when I was director, it was a big push for me, we had agreements with Framingham State, Fitchburg State, and another school in New York. And our students were going everywhere, so it was a huge victory for our associate degree program to finally legitimize the basic nursing courses that they had, plus the fact they were registered nurses, to us it seemed like there should definitely be some credit. So that was the big, big turning point.

Every student that was admitted into our associate degree program, I counseled and I counseled them by telling them in all probability they would need to go on for a bachelor's degree very quickly. So even though I devoted the main part of my career to the associate degree in nursing, I never lost sight of the fact that bachelor preparation was minimally required in my mind for full nursing practice. Some of our graduates felt that they didn't need it. We had many graduates who came to us, about ten a year, who were already licensed practical nurses with a wealth of

experience. So by the time they finished our program, they were operating at a high level; many of them. When they went on to get a bachelor's degree, many of them stepped into leadership roles very quickly because of the combination of their educational background.

I think that the baccalaureate preparation for basic nursing in this region was not as intensive as I feel it should have been. I feel it should have been more intensive and because of that I stayed in the associated degree nursing instead of moving over to a baccalaureate program. I did have the opportunity to teach in a baccalaureate program but I stayed in associate degree because I felt that the education was so sound.

*(There were a couple of things that you said.... what are your thoughts today about where the programs are. Have you kept up with...)*

I have. Well I didn't mention that after my retirement, I retired for a couple of years but then I went back full time as the director for a year.

*(What I'm wondering is, there is considerable... I think STCC has a two plus two ? articulated with I believe its U Mass. I'm not sure how that's going to work. I'll be talking with [their Dean] again. Holyoke, as far as I know, hasn't done anything as far as the two plus two. I know they've just revised their curriculum because Karen Aiken said she would share it with me. Do you see that there is ever going to be where we have a strong "you go here and then you go there". The ADN then to get the baccalaureate degree. I have reasons for asking that....)*

My personal opinion is that the associate degree programs -- I can only speak for this region, because that's where my experience has been -- that the associate degree programs in this region have done a better job on the basic first beginning nursing education than our baccalaureate programs have done. So I would welcome a two plus two scenario and honestly I think and this is my personal opinion based on many years of experience, I think that the baccalaureate programs would do very

well to duplicate the type of experience that associate degree programs use for the beginning experience.

*(And you would say that for the Elms, AIC, U Mass, all of those?)*

Yes.

*(There is a new program coming up...)*

Westfield. It was interesting, in 1978, C. D., who was a faculty member at HCC with me, we were in graduate school together, and we wrote a curriculum for Westfield State College at the time. I still have it.

*(Does their new Dean have it?)*

I have it in my file.

*(I'll be meeting with her sometime this month... because she is making history.*

*Having a new program - I don't know what the basis is how it is being done and I hope personally that she takes into consideration points that you just said, and also ? new book and looking at how a baccalaureate program can work. There is a lot of challenge and a lot of possibilities. I'll see what she has to say. Is there anything else you'd like to say?)*

I don't think so. I think that kind of covers it for me. It has been... I do stay in touch with the nursing community and as I just previously mentioned, I did go back after I retired. I stayed on in kind of a consulting role; I taught a couple of courses part time then I went back full time for a year as a director. So I maintained an interest in nursing and nursing education. And I can only say it's been a career of a lifetime for me. It's been a great privilege. end