

1946 Diploma Graduate Mercy Hospital

This is Sister < name with held privacy >, Sister of Providence, and I have been for 62 years and when I entered the community, I already had my RN. I went to the Mercy Hospital School of Nursing and graduated in 1946 and then I entered the Sisters of Providence and I did floor nursing for about four or five years and then the Congregation took me out of nursing and put me into a program at Regis. I did my undergraduate at Regis in Nutrition and then I went on to Tufts and got my graduate degree in Nutrition. My Master's was actually in Education but with a concentration in Nutrition and during that time I did a dietetic internship and because I had been a nurse, I didn't need to have any hospital experience so they assigned me to a more clinical path and I went to food clinics and psychology and that was kind of a focus that because I was a nurse and I won't get into what I did afterwards because I became...with all the classical education I became an administrative dietician which took my career on a totally different course. It took me from dietetic administration to hospital administration and then after a stint as leadership in community as the President of the Congregation, I went into hospital administration and became...first at St. Luke's in Pittsfield, I was the administrator there, and then I went into community administration and then I went into the Mercy and I had the honor of having been born at the Mercy Hospital, graduated from the Mercy Hospital School of Nursing and finished my official career as President of the Mercy Hospital but that was some years ago and I'm still going strong, so nursing has served me well and while I've dropped by RD, Registered Dietician, and do not follow my CEU's there, I continue to have my CEU's, I continue to...I have my RN because you never were a nurse, you always are a nurse and it's in my blood. I must say that I had a wonderful education. When we did nursing, it was nurses training and now it's nursing education and it was a big to-do and a big brouhaha

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over the change from training to education. Let me say, I think I had better anatomy, physiology, nutrition than anyone would get in a university or college nowadays. I had a Sister Mary P, and she was...as we used to say, a brain, and I lapped that up. I just couldn't get enough of it. So for me it was just engrained in me. I loved the anatomy, I loved the physiology and just even thinking back now, of the joy, absolute joy, I had in those classes whereas my classmates...many of them couldn't wait to get out and, you know, they would say to me, you have got to help me...or you got to help me study for the exam, I don't know what she was talking about. For me it was like just...I was immersed in it. It was a wonderful experience. On the other hand, nursing practice was not my favorite course and while I loved bedside nursing and loved being with people, I was much more interested in the anatomy of things and the way the body worked and so forth so...I love nursing, I love what I did and as I say, I did maybe six months of nursing before I became a Sister and then unfortunately, because you were 'the Sister', you got to be the supervisor on the floor and so I did mostly supervision. I had...was sent to St. Vincent and I had one room with four beds in it and the Sisters who were patients were assigned to that room so that would be my assignment. I would go in there and give them morning care, pass their meds, make sure everything was fine with them and then I would go out and I would supervise the floor so I had a combination of both but I would say for the most part I very quickly got into supervision and while I liked it, it wasn't my favorite job, you know, I think I've had so many careers, I must say that no matter what I was assigned to do, it was the best career move that the community could have given me 'cause I have been happy in every assignment I've had. I was disappointed when I was sent...when I was taken out of nursing. My heart was broken 'cause that was my first love, but once I got into Regis and Tufts, I

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could have been a student the rest of my life. I just loved it. Then when I finished that, I was disappointed because I had visions of developing a nutrition clinic and working with people on diets, special diets, and got sent to the main kitchen where I had no experience, no education, no training. It was all brand new and I...but again, I loved those years, they are the best years of my life. Then I was shaken to my boots because I was called on December 23rd and told that as of January 2nd, I was a hospital administrator and my first response was...but Reverend Mother, I don't know anything about hospital administration and her response to me was, 'You will learn Little Sister'. So I got sent to St. Luke's in Pittsfield, I was there three years, I went to St. Louis University, I did independent study and finally got my degree at the end of...I got a certificate...actually not a full degree because I didn't need one. I already had a Master's, so I did all the hospital...um...board (sounds like) and human resources and finance and I completed that in late August and in September '69 we had an election and I got elected as the Superior General of the Congregation, now called President. So I always tell people that providence has controlled my life. I have never been prepared for any job I have been asked to do. I have gone in there blind, stumbling and bumbling and making myself go along and...but, you know, I had a wonderful career. It really has...it has opened all kinds of avenues for me on the mere fact...again, because I was nurse. I was able to adapt to the circumstances. You know you learn...we learned to eat fast because we never knew when we were going to get called but when you get called...and I worked a lot in the Emergency Room you just get called, you never know what is going to happen and I think that's part of who I am and providence to me is a certain thing or a certain feeling or certain gift inside of you attracts you to something through that gift and that's what providence is so for me, it's providential that I'm a nurse. I have been

able to adapt to the new circumstances because that's what a nurse does and it's...it's not something you learn...to be a nurse you don't go to school. To be a nurse you have it in your heart and then going to school enables you to bring all of those gifts into logical sequence so that you know what you're doing but I don't think that anybody ever called to nursing, does not have a providential reason for going into nursing...if they are a successful nurse, you know. There are people who go into nursing and they don't...after they get in they decide it's not for them but I think anybody who has really gone through the nursing program and lived in the nursing environment and has had the hands-on experience, there is some gift inside of them that's a providential gift...is called to that providential...and I call it a ministry. It's not a job, it really is...for anybody, no matter what their faith is, it has nothing to do with faith but it's a ministry, it's a hands-on-ministry. So I can't say enough about nursing. I'm a nurse today.

Interviewer Could we go back just a wee bit. When you first went into nursing, did you feel a calling at that point or was there...

No I didn't know it.

Anybody in your family?

No, no one in my family. I was floundering and I didn't know what I wanted to do. I met a girl through a priest and she was a student nurse at the Providence Hospital and I came up one day and visited with her and I just had a real...I knew that...I knew immediately that's what I wanted. It was not a planned thing for me at all, it was just an 'ah-ha' moment and so I had to go back and convince my parents. I was an only child and my mother thought nursing was a demeaning profession. She just said you will be carrying bedpans, that's all she could see. You will be carrying bedpans and I said mom, I don't care, that's what I

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want to do. So for me it was not a journey, I would say an 'ah-ha' moment and I think that...everything I've done is kind of an 'ah-ha' moment. As I say, I have never been prepared for a job that I have been put into but I have always managed and I have always found a way to succeed. But nursing I think...we look back now and we laugh at the times that were so stressful, so difficult. The nuns were so hard, we had...9:30 to 1:00 was our time off. We worked seven days a week and we had 9:30 to 1:00 off and most likely you had to do up your patients, clean your rooms, most likely polish the floor and then you would report off at 11:00 instead of 9:30 to 1:00 was your time off. You are lucky to get off by 11:00 and then you might have a class and then you go to lunch and you would be back on duty again. We used to, you know, grouse about that and we would have a half day off a week and by the time you got to the half day, it was time to come back on...into the nurse's home. But, you know, looking back now, those are the best days, you know, we laugh about them and we have a lot of fond memories because we were all in it together. It was very different back there. You know when I was a student nurse, it was the sisters and the students who ran the nursing floor.

That's where I was trying to...

We didn't have hired RN's. We might have one RN or two RN's in the whole hospital.

This is in the 40's and that's when I...

Absolutely in the 40's. We had a lot of student nurses and we had, you know, the senior nurse would be the head nurse on the floor and the sisters would be there in a supervisory capacity. That's why it was so difficult for me when I first went out on mission and became the supervisor, because I wasn't much older than the people I was supervising. As a matter of fact, some of them were even older than I was 'cause they waited before they went in training but we did everything...we did everything.

How long did that last? Do you recall the changes that were made...

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I think it began to change because after the war...during the war we had a lot of...it was a class after me, they were...they had an ability to get federal funds to pay for their nursing and I think after the war, that all began to change. A lot of things were learned during the war, there was a lot of research being done that came into the hospitals after that and suddenly medicine exploded and there was a need to have more education in terms of knowledge of procedures and how to use equipment. In our day there were EKG machines and certainly things like that. We learned how to...in the OR we had the same instruments that they use now for the actual operation but we didn't have the cameras and we didn't have the flat screens, so the people...and we didn't have robots, we didn't have none of it, but after the war most of that stuff began to come into the hospital. I remember I was assigned to St. Vincent and we had the first...it wasn't open heart surgery, I think it was a cath lab and that was so exciting and things like that and procedures became much more commonplace and so therefore you couldn't teach that in a nursing school so you needed a different kind of an education and our School of Nursing at the Mercy would have continued but the requirement for faculty had changed radically so you had to have a minimum of a Master's Degree and, you know, we didn't have very many people doing that and the reason the school closed was certainly not because we didn't have students applying, it was because we didn't have adequately trained faculty...educated faculty and so I think that made a major change and then as medicine changed, nursing had to change and...one of the things I have always regretted was the fact that an educated nurse with a Baccalaureate has very little clinical practice, you know, they get out of a college program and they have done two catheterizations. That's a lot, most of them don't do that. Now we were doing catheterizations and certainly by the time we got into our second year we had done a hundred. We assisted at the delivery of the baby. There was a doctor and a nurse, there might be two student nurses and that was it. So we did all of that, we did all that work ourselves. IV's, we did all the IV's. We learned how to do that. I think the...the regret I have is that there is...in the program...because they have to have psychology and English and history and all of the core curricula that they don't have an opportunity for more practice...hands-on-practice.

Interviewer: How do you feel about the Associate Degree program?

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I think the Associate Degree program is a wonderful step. I think it's much too short but I think it gives an opportunity for a lot of people who couldn't go to a four year college and I know that more and more continue their education once they get into the workforce. One of the problems with either an Associate or with a college graduate, they have to have six months of orientation when they come onto the nursing units. We know that we have to just give them that kind of in-service education whereas the girls coming out of the three-year programs and the old diploma programs, they knew what they were doing the day they came on the floor.

Interviewer: I would agree with some of that. Any particular events that you want to comment on at this particular point? I think I have a good picture of the overall...

Well I think there was a couple things. Most of the instructors that we had were Sisters and most of them didn't even have a degree but they had practical experience. They had learned their anatomy, they had learned their physiology, they had learned their nutrition, they had learned their pharmacology when we actually had just a pharmacist who were educated in pharmacy but...and they would do the teaching but I think you had a mixture of theory and experience which you can't match anyplace. I think it's wonderful to have faculty at either the community college level or at the college level who had been nurses and had spent some time in practicum and then decided to go into teaching and get their degree in education 'cause it brings a totally different background as opposed to just getting the book learning.

Great to listen to you and if you have nothing more to say, I'm going to turn this off.

END OF TRANSCRIPTION