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Dean Emeritus (Dean of Health)

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(Could you just give me a little bit of background, your name, way back when, why did you go into nursing...)

I am Mary E. O'Leary. I graduated from the local Sacred Heart High School and went on to Providence Hospital School of Nursing in Holyoke, MA.. My parents wanted me to go to BC at the time because my mother had read an article in the newspaper where they had just opened a baccalaureate program for nurses. My friends were going to the Providence and I made a deal that I would like to go with them and then I would go on to BC, which I did. I was accepted as a special student at B.C. because I was on five weeks terminal vacation from Providence. Before I graduated from nursing I was enrolled in Boston College and then converted to the rating of full time student when I was finished at the Providence. I earned a Bachelor of Science in Nursing from Boston College in 1954.

During my first summer at college I worked in surgery. I had surgery on my mind. I worked at the Providence Hospital in surgery as a staff nurse. Then I went back to finish my second year at BC.. Upon graduation I went down to New York city and worked at Mt. Sinai Hospital in surgery. After six months and going through neurosurgery and all the specialties I found it was no longer challenging and I had a letter from Jeanne M. who was Director of Nursing at Holyoke hospital requesting that I come and see her. And at that time she offered me a clinical instructor's position - the first in the area in a diploma school of nursing. I took that position and became the first clinical instructor for the school of nursing at the Holyoke Hospital. So I had students in all departments, 24 hours a day/ 7 days a week.. I made my own time and rotated through the different units with the students.

Since my last semester at Boston College was on a part time basis, I was given a grant to be a part time faculty member in the B.C. S. of N. [*Boston College School of Nursing*] Boston City Hospital O.P.D. *Out Patient Department*] with the B.C. basic students.

It should be noted that I had one sister who also decided to go to the Providence Hospital School of Nursing and she was going to go on for her bachelor's. Pat was 3 years younger.. She went to the University of Massachusetts for one year .as a special student, Dean Maher was very good and made out a program for her to prepare for transfer. So then we both went down to BC for our degrees, I went for my Masters; Pat went to finish her bachelor's and we both graduated in '58.

Then I came back and became the educational director at the Providence School of Nursing. My alma mater was having academic problems and they needed to be revitalized. Pat came back and she taught there. And we worked in the school until 1963. Pat got married. At that time, Providence was doing very well and I got a call from the Superintendent of Schools in Holyoke. "Would I come and work for the school department to start a practical nursing program?" My classmate was the director of nursing for the state department of vocational education and when the school department contacted her inquiring to set up a program, she said the only person she would approve was me. You have to realize that back in the '50s early '60's, there were very few higher educated nurses in this geographic region. Most of the people who were teaching were diploma school people.

And so I went on and started the Holyoke practical nursing program. And it was very successful. I studied Montag's doctoral thesis in my master's program and developed curricula under projects that we had in the history of nursing course and the like. Kellogg foundation funded the New England Board of Higher Education for a two week workshop at Westbrook Maine; Westbrook Junior College in Maine to train teachers for community college education. So I applied and was given one of the grants. The faculty was all Columbia graduates who studied under Mildred Montag. I enjoyed the workshop so when I came back I was all gung-ho on the community college as the wave of the future for nursing education. Geographically we had to look at the fact that we had diploma schools in Pittsfield, Holyoke, Springfield for western New England. And at that point there was a pinch in the economy for nursing education. And that was the only thing that was really focused and assisted the development of the community college programs because the hospitals were feeling the financial brunt of the schools.

Prior to that time (I'll go back in history a little bit) while I was at the Providence Hospital SON, the sisters of Providence also saw the wave of the future and we; St. Lukes in Pittsfield; St. Vincent's in Worcester; Mercy and Providence. administrators, and myself. We met and the issue was how do you develop an associate degree program without an assisting college? So we met with Monsignor Devine who then President of The Elms College to query if sisters worked out a collaborative, what kind of a relationship could they develop with the Elms College?. Query a school would it be; the Elms or the Sisters of Providence? Needless to say there was never any real follow up to it.

In this area, Springfield had Springfield Trade High School which is now Putnam Vocational School, It used to be Springfield Trade, then it became Springfield Technical Institute which incorporated the post high school thirteenth and fourteenth years in select programs. They had cosmetology and the practical nursing program. At the time of the impetus to have a community college, Springfield Technical Institute made a transition and became Springfield Technical Community College. And Holyoke was one of the two first community colleges in the commonwealth. So then STCC brought the practical nursing program to the college with an automatic transition just like they did their other post high school programs. In time the Board of Registration of Nursing realized they had transferred the nursing program without permission from the Board of Nursing, which caused a difficult matter and they (STCC) were given notice they did not have permission for the transfer.. The practical nursing program could not become part of Springfield Technical Community College and they were given permission to graduate the class they had transferred.. And that was the only class in practical nursing that graduated from Springfield Technical Community College. The program had to go back to Springfield Technical Institute.

So at the same time I was then happy and looking forward to going into community college education. I studied the resources and concluded in my professional judgment there should be the one college program and that should be at Springfield which would have access to the Medical Center , Wesson Women's hospital - maternity was always the problem with the breakdown of census and Mercy Hospital.

I was offered the job to develop an ADN program. I had been working with the Dean of Faculty at Springfield Technical Institute for years between the practical nursing and health programs so I said I was interested and they jumped on it and gave me a good offer to go to the college to start the associate degree program. And that was it... I started at the college in January of '68. We opened and admitted the first class. It had to be based on the academic year, so we opened in September of '1970 and admitted the first class. We graduated the first class in '72. And I planned and implemented the whole curricula, recruited faculty, developed clinical facilities, etc.

Mildred Montag was the forerunner of Community College nursing education. She was a professor of nursing at Columbia; her philosophical premise, that was the basis of it [*the Associate Degree Nursing Program*], held that a nurse, once she had a sound academic basis, could develop skills in the clinical area and be paid for it so the magical three years from date of entrance to graduation time for diploma school was a myth. The Massachusetts Board of Registration had [*number of*]hour requirements for graduation - ten day extra hours. So you could be sick ten days but anything after that you had to make up those days to qualify for the hourly requirement for the Board of Registration in Nursing to be eligible to write the licensing exam for RN's.. So I had to take the Board of Registration in Nursing requirements, the philosophy of Montag, and my own experience from having built the three year program and practical nursing program and sit down and develop the program. I did studies and surveys in conjunction with the Board of Registration because we had to have their approval to plan for the associate degree nursing program..

Mercy Hospital was very close to closing because of the cost of nursing education so Sister Mary Vincenti, S.P. who was then director of the Mercy Hospital School of Nursing worked out a plan with the college that they were going to phase out their school of nursing in June 1972 and we would graduate our first class. However I was much surprised by the fact that one year earlier they decided to close. This decision made it a little more difficult with the attitude of the graduates and students in that diploma school because they were now enrolled in a school that was not going to exist any further. It took a lot of in-service education and time to foster a healthy educational environment.

At the same time the same things were going on when Holyoke Community College realized that STCC was going to start the program. I had interviewed the two presidents each one wanted their own school of nursing and that made a conflict with the Board of Registration and the Board of Higher Education. They hired a consultant from Columbia Alice Rhines. She was an understudy of Mildred Montag who came as a consultant to analyze the resources and decide which college should have the school of nursing. Between the presidents nobody would give in and finally they negotiated that each would try and each one would have its own school. And Holyoke president, Dr. Frost at the time, hired a lovely lady, Doris Kimball, she was a Columbia graduate who had been head of a program down south and wanted to come home. So she became the first director at Holyoke Community College.

We worked together and each more or less did their own thing and developed the two individual programs somewhat in competition. That was the history. We took fifty students in the first class. I was very fortunate for having known the people. I had an instructor from the university to apply for the maternal and child care program. she lived here in West Springfield; it was closer. A colleague of mine that I went to law school with came on and she was a public health person and she came on the second year. There was a person from the practical nursing program in Northampton, who graduated from B.C. University basic program and was master's prepared. A LPN faculty from Springfield Technical Institute transferred to the college nursing department.

Sister Mary Elizabeth S.P. was head of pediatrics at the Providence and she was a classmate of mine at Boston College. We got our Master's together and we were very good friends as the years rolled on. I then had the obstetrical pediatric and fundamentalist and psychiatric person from the University. I had five in that first group. And so we had our fifty students and our ratio of one to ten for faculty and I tell you, that was the problem in the college for their faculty to see that ratio. The other liberal arts and science faculty looking at one to twenty kids to our ratio of one to ten. But anyway we negotiated with the groups. We had a wonderful head of the science department. He was going to teach the nurses biology right away and anatomy and physiology. He had experience at Holyoke Community College. He had taught my Providence students. Jim

took over and he taught anatomy and physiology which was wonderful; he knew the need and just what the level was and where we were going.

So we succeeded, graduated our first class and went on each year after year with new classes.. I was just reading an article in the Health Ledger. There's an article there the Dean of Nursing at STCC, has been interviewed with the economy and with the influx of students she can't service the people who want to become nurses because health service is one of the staples for employment. So she says that she has a doctoral level person who applied for the September class and when the economy goes back you have to hire people who are looking for a second occupation and they'll come from science majors or high school or when they can't get a teaching job into nursing.

We've gone through that in the different recessions we've had. She had hundreds of applications for 100 seats for September. So that's where we went... hard work, headaches... competition, you know what I mean? With the diploma schools and when the students went on the floors the existing staff didn't necessarily greet them with open arms. With our faculty but we were lucky because I was a Providence graduate, therefore first cousin to the Mercy and I knew most of the sisters and staff so we were readily accepted.

(One of the things I've been reading especially in the early days and you're talking about these students in the ADN going into school in clinical areas, how did your... graduates fare? Did you hear back as how they were faring as they went into practice...)

Well, just like the philosophy was concerned let me say in building the program, doing the orientation etc. of course the hospitals agreed they would give a six month orientation for staff education for the new graduates. Well that never became a reality. They gave a little more than what they gave for the diploma schools graduates. In some instances depending upon what the unit was.... see, one good thing was being a local program, the graduates had worked with our graduates or seniors and in many instances they picked out who they wanted to work with them and gave them the extra time and energy to prepare for what their needs were on the units.

And it worked out very well. There was always... people who will complain no matter what you give them. So some people you know.... I don't think it was a true assessment of the skill. It was a fact that they had been there for three years in the same units in the same hospitals. They'd

ask questions and the like. Others were just wonderful and took them under their wing and gave them the staff education that they needed. I don't think you could place much value on many evaluations. I never had a graduate come back and say it's intolerable. They worked well, they enjoyed it and...

(I've been doing some reading as far as what Mildred Montag's philosophy was and there was something they were doing at the beginning calling them technical nurses...)

Technical nurses the basis of the theory. They have the knowledge and the skill to perform and assist a professional nurse in their practice. The professional decision making remained at the higher level with the professional nurse. That would be the basis for her theory of two year and four year education. And the question kept coming down from the diploma school graduate to... was she going to be phased out ?which in essence s/he was. But the practice area never provided for the input. I say here in westren Massachusetts at that point in time the university was a neophyte. It was in was middle to late 50s that they admitted their first class at University of Massachusetts. So that there as not this big influx of professional nurses to be the decision makers. They turned out to be the traditional diploma school nurse. The head nurse was running the units for years. You never really had the technical and the professional nursing with theory implemented. It was probably only within the last decade that focus was placed on employment of the professional nurse vs. the associate degree. Licensure: Licenses throughout the country generally say registered professional nurse. They all take the same exam, so it's a dichotomy, it never became a reality of technical vs. professional.

(Exactly and they whole entry into practice issue which...)

And then you get down to the economy too. Based on Medicare and the governmental regulations they have to have the RN. That was the only reason for phasing out the practical nurses into geriatrics and long term care facilities. The government wouldn't reimburse the person who was the LPN who had been in charge of the unit for 10, 20 years and they have to be supervised then by the professional nurse. So it's taken fifty years almost for this transition. And the person coming out of the true baccalaureate program has much less skill because you look at the need for skill in addition to practice.[I] have people call me and ask can they come in and take XYZ course and just take it because that's the area they want to work in. Say they want to

go into OB, they never saw a delivery from the baccalaureate program. So it's working out well with the combination everyone working together now and I don't think you'll ever truly see a true professional nurse because one, it's the economy. I think It would be interesting to check the starting pays of both levels. And the last time I did that they both started at the same salary but within six months or so the baccalaureate would get a higher rate in terms of pay scale.

(It would also be interesting... I have done some of it, is to look at the way they are oriented; is there any difference between orientations at the present time. No, not that I know of.)

But that would be a deficiency for the baccalaureate; the new graduate, because of limited... if you look at that program they have to meet the Board of Registration's minimum hours to qualify to write the licensure examination. But how they meet that is another thing. Sometimes it's been self study and things like that rather of hands-on.

(Can I go back a little bit. The nursing faculty it's one to ten and I'm familiar with the issues with the other disciplines don't understand that. Can I go back to your clinical a little bit? What was the ratio for the instructors in the clinical?)

One to ten originally; then we were able to achieve a one to eight ratio.

(One to ten. Did you do any of the -- I've been hearing about -- multiple assignments?)

Yes. They used diverse assignments but not too much. In the beginning they would use multiple assignment but as they developed into the second semester got into medical surgical nursing they more or less used the individual ones. Depends on the course. Another thing would be needs of patients. This is a complex situation. they would have to you know terms of multiple assignments.

(Going back to Mildred Montag and her philosophy, the issue of feeling that associate degree program is a novice nurse needs to have more clinical education. Can you weigh in a little bit from the academic point of view... at one time as I've been reading, there appeared to be a disconnect which I think has changed now as far as education and the hospital. I hear and because of your background, that that seemed to be taken care because of your relationships with the people in the hospital. But still it... it was or at that time considered to be a problem as far as the understanding of the hospital for what your graduates could do and what they did need. That's a long question.)

I can answer part of that by saying we didn't face that problem too much because the faculty basically were diploma school graduates who went on to for baccalaureate. they weren't the generic. As the years went on we hired basic people. There was a greater problem because they were weak clinically themselves, but as you get to the three year to the four... you know, the baccalaureate, and on to the Masters, if you want to say they were pros in terms of clinical... and secure in the area; that's a big difference. They knew their practice, they could inter-relate and were respected by staff. And there was a good trust relationship and that took time and effort and wrok because the faculty were all new to these intuitions because as time went on pediatrics became a problem. We had to go to Baystate Medical Center and spread out. Maternity, well Wesson Women's closed; that was a maternity hospital when we first started. Mercy had it but not to the extent that you had at Wesson. And we were not book people, we wanted practical observation, assistance with deliveries and things like that. So Mercy had us spread out. We went on the home visits as a philosophy developed and we saw how things worked and got out in the community and built was it is today.

(How long were you at STCC?)

30 years. I was appointed Professor and Division Head of Nursing. It ended up as the school of nursing. In 1980, that was 13 years later, the person who had been there as Division Chair of Health left and the dean asked me would I take over health and I didn't truthfully care to - nursing was my love. But after 13 years working with the same people, etc. I achieved the challenge I went there for and reluctantly took over health. I ended writing a sonography program, a nuclear medicine program, an occupational therapy program, and the change was good. The health faculty had to face a didactical nursing educator who held people to a different levels than what they were used to. But it was good and I had a wonderful time. Hard work, headaches, but you could see the satisfaction. Today you can't go to any health care facility or any discipline without having a STCC graduate taking care of you. I've had some of my graduates come here when I needed home care. And of course... (laughs) It's really wonderful and rewarding.

(Are there any areas that I may have missed as far as questions or anything else you'd like to add?)

We have to look at being a state program; new, the political implications. It wasn't like the old hospital where they developed a program- it was their hospital and then you had dichotomies between individuals. But this was... when you look at public education coming into the secure hospital setting, you had to be very careful as to who's toes you might step on. It took negotiations. And for years it was Baystate and the associate degree programs, you know. It wasn't always congenial.

The quality of people in higher education belonged to their status quo and the way I look at it as a sociological plane that you're not as good as I am if you're not in the credit system of higher education. Baystate and the other schools had excellent programs unfortunately not assessed in higher education.

(In higher education and the baccalaureate the emphasis is on research and other things and not on teaching. But in the associate degree program, as my understanding is on teaching, because you don't have...)

(I think we were talking about the differences in academic the diploma, ADN? and the baccalaureate.)

Based on the educational systems, the focus... well, this was in Montag's philosophy that the technical nurse was the skilled assistor at the bedside, which gave you theory plus practice whereas in the ivy league baccalaureate basically the focus as you said was in terms of education potential research and practice was just part of the requirements.

(I don't have any more questions. One thing that I might want your thoughts on and that is the opportunity with the community college education and now moving nursing into a collegiate, there are two things. one is the attraction of the non-traditional student, the other well, we'll get to the other after the non-traditional student.)

Well, I think that people with baccalaureate degrees who are looking for new employment, etc. are looking for short term education and stability within the nursing profession so they are not looking in most instances for another four year degree but want, they have liberal arts components and most of them can be transferred in. And the community college in instances for the liberal art component, well to my knowledge they are not that steadfast in saying if your English is more than five years old it's not transferrable. And it makes it easier for that person

and then coming in to the areas of employment they're baccalaureate prepared. So some institutions give them a higher salary.

(I believe STCC is going into a relationship with UMass for two plus two...)

I hope to heavens they do. It was something that I worked on, all worked on. Again it's the philosophy of those educators who were generic baccalaureate who deemed the associate degree less than that... all they have to do is add the professional components of decision making, leadership etc. But many educators and baccalaureate grads don't accept that. It would be so much easier if we could do that. We worked out a program with the Elms college of a two plus two but it never really took off after our grant terminated; it was another funded study from the New England Board of Higher Education. The professional component was to add the baccalaureate to the associate degree and I don't know it's status now. A lot of our students went and the tuition was paid for by the fund and they graduated very successfully and were pleased. But then being mixed in with the generic, they never really became self satisfied and happy about it. So if they would only come up with a truly two plus two, it would be marvelous.

(That's what I believe they are now doing something like that, or started. Some people may want to go on, some people may not want to go on.)

I think the majority of people in the field; One for the leadership ability, Two for the self gratification and finances would go on, if they didn't have to repeat... many would come back and say it's so boring and I'm paying all this money. Some of them thought they had a better foundation than what they ere getting at the baccalaureate level. I hope I live to see the real articulation.

(I think you will because I think that's what they're talking about right now.)

end

ⁱ Permission granted by Dr. O'Leary to use name, titles and positions held.(9/9/2010): Education: Sacred Heart High School 1949; Providence Hospital School of Nursing 1952; Boston College;BSN 1954;MSN 1958 (First RN to receive the MSN @ BC) (along with a basic st.) (2 degrees awarded in 1958);JD 1966;D.Ed 1979