Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

Nature of restrictions on use of TRANSCRIPTS:

Nature of restrictions on use of TAPE RECORDINGS:

Rosemary Johnson
Interviewee (signature)

5-13-87
Date

Name of Interviewee

*Modified from: Charlton, T. L. (1981). Oral History for Texans. Austin: Texas Historical Commission. p. 64.

This is Joyce Finch, Ph.D. Today is May 13, 1987. I'm interviewing for the first time Rosemary Johnson. This interview is taking place in the College of Nursing at Arizona State University.

This interview is sponsored by the Arizona State University College of Nursing, and the Arts, Social Sciences, and Humanities Council. It is part of the Contributions of Cadet Nurses Project.

JF As I said, we will just go in chronological sequence. So, beginning with your nursing education, were you a cadet for the full three years you were in nursing school?

RJ Yes.

JF What year did you go into nursing school?

RJ I went into the nursing school in 1943.

JF So you must have been one of the very first of the cadet nurses to go in.

RJ Yes. In fact, when I went in the program was not in full operation. I'd been in the nurses' training program about, I think, roughly six months when the program first came in.

JF Some of the former cadets have said that they were sworn in and it was like being sworn into the military. Did you have anything like that when you signed up for the Cadet Corps?

RJ Yes. One of the teaching faculty members assumed the responsibility for, not the ultimate responsibility, but the responsibility for the program. She used a military model for us. So yes, we were sworn in. We periodically had to go out and have little marches, all of these kinds of things. We were somewhat resentful of that.

JF I see. But, it does sound like you were being groomed to go into the military upon graduation.

RJ Yes.

JF Well, that's unusual. I have not talked to anyone who had that particular experience. Where was your school?

RJ Milwaukee County General Hospital, in Milwaukee, Wisconsin.

JF That sounds like a good sized hospital.

RJ I was trying to recall when I looked at your questions here the exact size. It's been so long ago, but I think it was roughly around 800 beds.

JF For that period I think it was a good size hospital. Okay, do you recall approximately how many classmates enrolled in the school with you?

RJ There were 30 in my class.

JF And how many of that 30 graduated?

RJ Twenty-six.

JF So you didn't have a lot of attrition then in your group, compared to some of the schools.

RJ No.

JF Now, did you have any affiliations when you were in nursing school -- say, at another hospital?

RJ I had one in relation to OB. I don't remember the name of it, but it was a private Methodist hospital.

JF And did you have any college affiliations?

RJ No.

JF One of the unique features of the Cadet Corps was the last six months. The senior experiences were sometimes in other agencies, military installations, VA hospitals, but they could be in the home hospital. So, I'm wondering what you did in your last six months with your Cadet nursing experience.

RJ Well, I was supposed to have gone to San Diego Naval Base. That's what I had elected -- another classmate and myself. But, just at the time that we were entering into the last six months the War came to an end. So, I elected to take my six months in... I was very interested in Mental Health/Psych. nursing. So, there was a Psych. hospital affiliated with the County hospital, so I took my last six months there.

JF What was your role in that hospital?

RJ I would say pretty much as a staff psychiatric nurse. There were some quasi-middle management responsibilities, but really not all that much.

JF Did you have any additional classes for that experience?

RJ No. Only independent reading.

JF And how were you supervised during that period?

RJ There was a head nurse in that hospital, so she was responsible for our supervision. Although, it was a rather

loose-type supervision, which may have been because of where we were at that point in time in our training.

JF Sure. Okay, I did want to find out how the Cadet Corps made a difference in your education. But, it sounds as if you would have been a nurse anyway, if you had not been in the Cadet Corps.

RJ Probably. Just to bring in an historical factor -- my mother had decided when I was a preschooler that I was going to be a nurse. So it was sort of a given. I sort of grew up with the idea that I was supposed to become a nurse. When I was in my senior year of high school, there was a women's auxiliary that was offering two scholarships to two of the graduating senior students who wanted to go into nursing. So, I could have gotten a scholarship to go to the University of Wisconsin into their Baccalaureate program, but back in those days the three year program was sort of the thing in the eyes of some of us, and certainly myself. Also, I saw it as a more expedient way to get into the nursing role — three years versus four or five years. So, I elected the scholarship to the hospital school of nursing. And the scholarship, what it actually supported was that it paid my tuition, and there were certain residential fees. At that time we all had to stay at the nurses' residence. I know that at the time that the opportunity for enrolling or whatever it was in the Cadet Program came around, that it was pretty much of a God-send for me, because financially I was very strapped. My family could not provide me with anything more than just the monthly package of goodies that they would send, but they were not able to provide any financial support. Of course, in that kind of program there was no opportunity for any earning power whatsoever.

JF One of the things, and I'm not sure whether you would have been able to see this or not, but did you think that being in the Cadet Corps made a difference in the kind of nursing education you received? Were non-Cadets learning anything differently or in different ways than what you were learning?

RJ No, I can't say that there was any difference. I do recall that the Director of Nursing was not particularly enamored with the Cadet Program. So it was almost like she had to be supportive of those of us who wanted to go into the program. I can't recall the exact numbers, but I would say probably a good two-thirds, at least, of my class went into the program. But, as far as any educational opportunities or experiences in the hospital, the program did not influence that one way or the other. It was just that last six months where I had the option of getting this concentrated experience in Psych. nursing.

JF Did you have any inkling of why she was not enamored of the Cadet program?

RJ I'm not exactly sure. All I know is that when she found out that I was going to go into the program, she called me in and told me that I was going to have to pay back the money to the scholarship funding group. That threw me, I mean talk about panic, because I couldn't. And then finally, what I found out by pursuing it was that the Cadet Corps, indeed, would reimburse. I can't remember all of the details. But anyway, I did not have to be concerned about that.

JF That must have been quite a relief.

RJ There was a certain amount of punitive behavior on her part. I don't know if it was the newness of the program or, because she was a very controlling person, if it resembled or was symbolic of loss of some control over her students. I'm just not sure.

JF Well, it's interesting. I have picked up at different times inklings of lack of support for the program, but it tends to be rather subtle and not too clear. Certainly,over the space of 40 years it's not too clear. Well, that pretty much covers then your cadet experience in education. So, you would have graduated then in 1946?

RJ 1946, yes.

JF Once you graduated then what did you do for your first professional job?

RJ Well, for my first professional job it was sort of a combined position. I stayed right on at Milwaukee County. They appointed me as Nursing Arts Instructor -- that's when we had Nursing Arts -- immediately, which kind of floored me because I had not done that well as far as my achievement on my exams in Nursing Arts. So I was Nursing Arts Instructor, as well as being the Assistant Head Nurse on one of the floors.

JF That would keep you quite busy to have that dual role.

RJ It was. I was in that dual role position for... I think it was six months. Then they moved me into the position of being Orthopedic Instructor. So then I moved to the Orthopedic floor in the hospital. From then until the time that I left Milwaukee County -- I was there for three years — I was in that position of Orthopedic Instructor. It's a kind of phenomenon that's occurred with me that I have not been able to ever explain things. Like I became President of my class, which was a surprise for me. So that being moved into these kinds of positions has also been a surprise for me, because I had anticipated doing staff nursing for awhile.

JF When you were moved, you said that you were a little surprised about being the Nursing Arts Instructor. I infer that they appointed you to do that.

RJ Yes.

JF But did you feel prepared to do that?

RJ Oh yes, I felt prepared. It's just that because of the experience that I'd had in the course itself, I thought, "Why me?"

JF Sure. And then when you made the transition over to Orthopedic Instructor did you feel prepared to do that?

RJ No, but they were very supportive in terms of giving me some, almost daily, time to do independent study.

JF So you set up your own learning experience on how to do your new role?

RJ Yes.

JF So you were there I think you said about three years?

RJ Right.

JF What happened then? That would be in 1949.

RJ Well, in 1949, in the interim I had made some contacts who became friends of mine. One of the persons was in Public Health Nursing, community mental health. So she was very influential in talking with me about if I had considered going on for a Baccalaureate degree. You know, that I might want to think about Public Health Nursing. So I did explore the program at Minnesota. I had to have a certain preceptorship arranged with the public health nurse in Milwaukee, to make sure that this was, indeed, what I wanted to go into. So, my move from Milwaukee to Minneapolis was prompted by my going into the Baccalaureate program in Public Health Nursing. In those days that's when they had Baccalaureate programs in Public Health Nursing, Baccalaureate programs in Nursing Administration, and Nursing Education.

JF Okay. Now, would you explain that comment you made about the preceptorship in Milwaukee? How did you do that?

RJ Well, that had to be self-initiated. I contacted the Milwaukee County Health Department and discussed with the Director of Public Health Nursing what my interests were and that a prerequisite for admission into the program was to have approximately a week's experience with one of the public health nurses observing with her, going on her rounds out into the field and her home visits. That essentially is

what it consisted of — my having an opportunity to become more familiar with what a public health nurse does.

JF That's very interesting. I did not realize that that was available to people -- that they could go out and test the waters, so to speak, before they plunged into the Baccalaureate program. That was pretty farsighted of the Baccalaureate program in Minnesota to have people have that experience in advance.

RJ Well, the person who was the Director of the Public Health Nursing program at Minnesota was Margaret Taylor. She was, in that era, one of the forerunners in Public Health Nursing, particularly Public Health Nursing education. So, I agree. It was a good stimulus.

JF So you moved then to Minneapolis and went to school?

RJ Yes.

JF Did you go full-time?

RJ I went full-time and also worked 30 hours a week.

JF That sounds like a hard row.

RJ Which many of us have done, though.

JF Oh, yes. It happens. So, how long then did it take you to get your degree in Public Health Nursing?

RJ It took me two years. I went in '49 and graduated in '51. But, one of the things that facilitated that -- at that time Minnesota had a plan, an academic plan, whereby a Baccalaureate student could earn a certain number of points for the number or credits of A's that they had earned, so that I was able to actually skip a whole semester. When you can skip 15 credits, that helps. So it was really going during the academic year, as well as going during the summer.

JF Did they give you credit for your other nursing experience toward that degree at that time?

RJ Yes. They gave me credit for that. Also, when I started thinking about going on for additional education, while I was at Milwaukee I did take some night classes in History and English. In other words, some of the general education course requirements I knew would satisfy the requirements in another institution.

JF When you said you worked 30 hours a week, what did you do during that two-year period?

RJ I was working some Gyne staff. The floor was a combined Orthopedic/Gyne. So I did staff nursing, and then when they found out about my orthopedic instructor background, then I also did some instructor work as an Orthopedic Instructor with Baccalaureate students.

JF That's an interesting combination -- Orthopedics and Gyne.

RJ Yes it was. Here was the nurses' station, and down here was Orthopedics, and down here was Gyne.

JF After you graduated in 1951, then what did you do with your new degree?

RJ Then I worked for three years with Family Nursing Service in St. Paul, Minnesota.

JF Is that somewhat analogous to the Visiting Nurse Service that used to be here in Phoenix?

RJ It actually was a combination of the Visiting Nurse Service that we used to have here, plus the public health nursing responsibilities that the County Health Department nurses used to have. They also had an official agency that was the Ramsey County Public Health agency. What those nurses did essentially was working with communicable diseases -- tuberculosis and venerable disease at that time. And we were called public health nurses in Family Nursing Service. Although it was a volunteer agency. We did some home health care, home health nursing care as we know it nowadays. But, a great deal of health promotion and prevention.

JF It sounds like there's lots of models for community health nurses over the different areas of the country at that time. Okay, so you were working in this position. Now, was your role sort of like a staff nurse?

RJ It was a staff nurse, but after about six months then I also had students from the Baccalaureate nursing program at the University of Minnesota. At that time Baccalaureate programs were still, for their public health nursing experience, they were placing their students in agencies with the staff assuming the direct supervisory responsibility for the students.

JF This is a little something of a side trip, but is it correct to infer that even in the early 50's, it was the correct thing to do to have a degree if you were in public health?

RJ Yes. At least with this agency, if I recall correctly, I think all of their nurses had to have Baccalaureate degrees. But they also had LPN's on the staff.

JF So you might not only supervise students, but you might supervise LPN's as well?

RJ To a limited degree. What we would do as the public health nurse was make the initial assessment and evaluation visit, and then the LPN would function pretty independently. Her role essentially was in the role of home health care -- giving injections, bed baths, these kinds of things, with the public health nurse going in about once every six weeks to evaluate the situation.

JF Well, how long did you hold that position then?

RJ For three years.

JF And what did you do then?

RJ Then I went into school nursing for a couple of years. My motivation for going into school nursing was so I'd have my summers free to start pursuing graduate study. But, what I'd found out is that, unlike present-day programs, the Master's program in public health nursing at Minnesota did not have opportunity for summertime study. You had to go full-time.

JF Well, when you made that transition from family nursing to school nursing, did you feel prepared for that new role?

RJ I contacted the school health nurse consultant at the state level, and relied upon her a great deal. I was implementing a program in a brand new school. So, I think that what really prepared me for that was my public health nursing preparation. Because I saw the school health nurse role as sort of an extension of public health nursing, but in a different setting. So, since it was a new junior/senior high school, I laid down the ground rules with the school principal and superintendent, in terms of my having the opportunity to not only be working in the setting within the school itself. I would expect to be allowed to go out and make home visits, and work with the families as necessary in the health interests of particular students.

JF Did they see that as kind of novel -- your assertiveness and your ideas about what your role was?

RJ I don't think so, because they were so health oriented themselves. I was just very fortunate that the principal and superintendent whom I had were just very, very supportive of establishing a good, sound school health program for their young people.

JF Well, so there you were in the schools still thinking about graduate study and not being able to use your summers for that. How did you resolve that problem?

RJ Well, I went for an NIMH scholarship, and did get one. So that's when I then went into the Master's program in public

health nursing. I elected to take the combined public health nursing/community mental health program of study.

JF Yes, I was wondering how they did manage to get mental health funds into the public health program.

RJ Well, public health nursing is very much mental health.

JF Sure. I'm glad you said that. One of the things then... This was still at Minnesota?

RJ Yes.

JF How long did you take to get your degree?

RJ It was a year and a half. The public health nursing program itself was nine months, and then the community mental health extended learning experience was six months.

JF Did you have to write a thesis in that school?

RJ We didn't call it a thesis. It was a research paper.

JF So you had to set up some kind of project to carry out, then write it up?

RJ Right.

JF So you graduated then, say about '55 or '56?

RJ No. It was '58 when I graduated. I finished the program in '57, but because I did not get one of my papers, an EPI paper, completed, the graduation officially was '58.

JF What were you doing? It doesn't sound like you were a full-time student at that point.

RJ No, I was a full-time instructor in the School of Public Health in Public Health Nursing.

JF So how did you get in there?

RJ At the time that I was getting ready to graduate, the Director of the program, Dr. Gaylord Anderson, and the Director of the Public Health Nursing program, Dr. Marian Murphy, asked me what I was going to be doing. I said, "Well, I don't have a position yet." I was exploring. I wanted to come west. I was exploring positions both in Arizona and California, but since I had not had public health nursing supervisory experience, I didn't have any such offers. And, of course, I was going for supervisory positions, because I figured I had my Master's degree and that's what I was prepared for. But, none of the agencies out here in the West wanted to accept me into that kind of a position without demonstrating that I, indeed, could be a

good staff public health nurse. So that was quite a disappointment to me. I'd been exploring that the last six months, when I was in the mental health component of the program. So Murphy and Anderson asked me if I'd be interested in a teaching position. It sounded very good, so I was appointed as instructor in the School of Public Health.

JF Well, that's very interesting. The Western agencies did not count your three years with family health for experience?

RJ They counted it, but they wanted me to come in and work as staff for, let's say, on the average of six months to demonstrate that within their health department setting, I would be able to function as a good public health nurse.

JF Well, I guess the question is, was it that different in the West from the Midwest?

RJ No. It really wasn't, because I know in California they had public health nursing certification, the same as they did in Minnesota. I didn't know about certification requirements in Arizona. I could have gotten a position here in Arizona, but it was way off in the boonies someplace all by myself, and I really didn't see an opportunity to professionally progress in that position. So, then it was really from California that I was getting the word that I'd have to serve as a public health nurse first. Also, California had, they still have, a certification program. But Minnesota also had a Public Health Nursing certification program. In other words, you had to meet certain requirements to be certified.

JF Sure. I recall that the School of Public Health in Minnesota was one of the outstanding schools in the Country.

RJ It was.

JF That seems a bit strange, to have those kinds of requirements. But, it does prompt me to go back a little bit to when you were in the school nursing role. You said you didn't want to go out in the boonies and work by yourself, but you did work by yourself when you were in school nursing, did you not?

RJ Well, I did in that particular setting, but there also was a good, strong school nurse group. We had an excellent person at that state level who was the school health nursing consultant. I don't know if it was monthly, but anyway, there would be rather frequent in-service education programs, so that the school nurses in that area were brought together with the consultant. The other thing, is that in this particular school setting, the school nurse really was part of the whole staff. I worked very closely with the counselor, I worked very closely with the home ec.

teachers because they also made home visits, and with the P.E. teachers. The school nurse was really integrated into the system to the extent that I was expected to attend PTA meetings, and had the responsibility for addressing health issues. But, also I was involved in some of the other school functions so that I would not be set aside. That was the philosophy of the principal -- that I would not be set aside as an isolated professional.

JF Yes, I was just thinking that, as far as nursing is concerned, that you might work alone. That you were not isolated, and that would be very important to job satisfaction.

RJ Yes.

JF Well, then back to where you were finishing up your EPI paper and you were also teaching Public Health Nursing.

RJ Yes.

JF Now, was this instructor role at the Master's level or at the Baccalaureate level?

RJ It was working with Baccalaureate students. At that time the Minnesota School of Nursing did not have it's own public health nursing program, so that the public health nursing faculty in the School of Public Health assumed responsibility for those Baccalaureate students. So, in my first teaching job we sent these students out to different rural areas with public health nurses in the rural areas. I worked very closely with the consultant at the State Health Department who was responsible for supervising those rural nurses. And then once a week, I think it was like a Thursday afternoon, I would go out to this little town. We had set up a classroom, I think it was one of the churches. Then all of these students would come in, 6 to 8 students would come in from the surrounding areas. Then I would have a full half-day class. So that's how they got their theory, in a very concentrated dose once a week.

JF They were into rural nursing, weren't they?

RJ Yes.

JF That's very interesting.

RJ I might just go ahead and add, Joyce, that I think that was about for six months. Then, shortly after that -- that was when agencies and schools of education were starting to negotiate for sending students and faculty into the agency. They were changing that pattern of sending the students in and paying the agency for supervising the students. So I was the first faculty member to go into an agency, and I

think in the Country, to go into an agency with Baccalaureate students.

JF My goodness. Well, I am impressed, and I'll have to tell you that this morning — this is a little side trip -- but, this morning I was listening on Channel 12 and they were talking about a program called "Chicken Soup".

RJ I heard that too.

JF Okay, and they made the comment that Minnesota is way ahead on all these kinds of programs and concerns for the health of its citizens -- in the Country. The person who was doing the interviewing, I think it was Gloria Steinem, also made the comment that she didn't understand why Minnesota was so advanced in these kinds of things. But it looks like they've got a strong track record for innovation of health issues.

RJ They also had a very strong State Health Department, and a very close working relationship between the School of Public Health and the State Health Department, and the local agencies.

JF Well, alright. You got your degree in 1958, and you were working with Baccalaureate students in the community agency. How long did you do that?

RJ I stayed there at Minnesota until the end of the summer of '59. Then I moved here to Arizona State University.

JF Before we leave that period, when you were working with the students in the agency were you solely responsible for their public health nursing education -- theory and clinical supervision?

RJ I was solely responsible for their clinical. I think that they had to go back on campus for some theory. I just don't recall if there were several of us involved in that theory, or if there was one person that essentially assumed that. I know they had a certain amount of the theory at the agency. Like I'd set up a series of classes there, bring in a health educator, so on and so forth. But, I know they had some theory over and beyond that.

JF I'm trying to think back on my own. And not that it's necessarily on the same model, but it seemed as if we had some issues of... The administrative aspects of public health was in a class. But then we also had some classes, and these were separate courses, where we would look at different aspects of Public Health, like sanitation and tuberculosis control, air pollution. I think some of my topics might be 1980 topics, but they would be different departments within an agency. As well as what we did as public health nurses in working directly with families in

clinics or in the home. So it seems as if there were two or three courses that we had at that time. It covered a lot of material I remember. Well, okay, how did you decide to come to Arizona?

RJ Well, as I had shared with you before, while I was working on my Master's degree I was interested in going out West. I had spent all of my time up until then working in Wisconsin and Minnesota. So I guess I was beginning to feel somewhat adventuresome. Then the opportunity did open up here to come in and start the Baccalaureate program in community health nursing.

JF So you came to ASU. Was it a school of nursing at that time?

RJ Yes.

JF It had moved out of the Liberal Arts College?

RJ No, it was still in the College of Liberal Arts when I came.

JF Oh, okay. And you set up the public health nursing Baccalaureate program? I'm going to call it public health nursing because I think at that time that's what it was called.

RJ Generally it was called public health nursing, but in some programs it was being called community health nursing.

JF And so you set up that course for the students who were moving through the Baccalaureate program?

RJ Yes. Ellie had started to do some of the teaching. I think maybe she gave the first so-called public health nursing theory course. Then I came in and started developing their clinical experience, through the County Health Department.

JF It sounds like they expected you to hit the ground running, as the President would say.

RJ Pretty much so, yes.

JF She had taught some classes. Did you start in the middle of the year?

RJ No, I started in the Fall teaching what we then called Human Relationships. That was a course for our sophomore Baccalaureate students. At that time it was the generic students who had started taking the course. So in the Fall, I was working with Baccalaureate students in relation to that. Then in the Spring, that was when I had my first group of Baccalaureate students in Community Health Nursing, clinical. That was a group of five RN's, one of them being Eleanor Curran.

JF That sounds like the first group of students who went through the new nursing program.

RJ Right, they were the RN students.

JF Well, okay. So that must have been fairly comfortable, those responsibilities, with your community mental health background, as well as your public health background.

RJ They were.

JF I presume you had to go around and talk with the people in the agency and make the arrangements to move students in, and get started. Was that a fun thing to do?

RJ Yes and no. In fact, I shouldn't even say no. It was a fun thing to do, an interesting to do. But, since I'd already had the experience back in Minneapolis it wasn't a new experience in terms of the PR'ing and negotiating and everything with the Director of Nursing. Andfortunately, Mary Wilson was the Director of Public Health Nursing and was very cooperative and very interested in higher education for nurses. The most interesting aspect of it was that, since I was the first person who was coming in with a group of students into the agency, although we'd had some Human RelationshipsStudents doing family visits, this was the first time that there was a group of Baccalaureate students coming in who were RN's who were going to be assuming responsibility for a certain number of families in different districts. I used to jokingly refer to "love notes" that were waiting for me every time I'd come into the agency, because as one might expect, the staff nurses, as well as the supervisors, were quite territorial in terms of their district and their case load. I think that we were very suspect for about a year. It wasn't just the one group of students, but even more so I think when we started bringing generic students in. So, there was a lot of staff and supervisory involvement in checking out students' records and what they wrote, how they wrote it, what they were doing, and how they were doing it. I felt that, even though I was responsible for supervising the students, I had the health department staff supervising me. I think there were three or four supervisors and about 40 staff nurses, so I had a group of 45 supervising me. Now, the Director of Public Health Nursing had no problem with any of this.

JF Sure. This is more curiosity, but, at that time, was 1825 East Roosevelt the only office, or were there other offices around?

RJ The Health Department was housed down on, I think it was near 18th Avenue and Madison. It was a very poor environmental situation for clients, as well as for students. They just didn't have space. So it was soon

after that that they started construction on the new building. I don't remember just what year it was, '60 or '61, that they moved into 1825. But, at that time when they were planning the building, they also planned cubicles, meeting conference rooms, and like that for the students.

JF That was far-sighted of them to do that, and a very accepting kind of thing.

RJ Right.

JF Were offices like the Glendale office or the Mesa office open at that time?

RJ The only one that existed [at that time] was the Mesa office. Then, it was later, and again I don't remember what the year was, when they then added the Glendale and then the Avondale offices, then some of the South Phoenix ones.

JF Yes, because there was a lot of explosive growth going on in that next 10 to 20 years, and somewhat still going on.

RJ Yes.

JF Okay. So, you did set up experiences then for the RN students, and then followed up the next year with the generic students. How long did you do that and teach Human Relationships, and also Public Health Nursing?

RJ I continued that until I was Acting Dean for those two years. Then also, in the interim, we had a Baccalaureate community mental health grant. I think that was a five year grant. We did have a couple of different coordinators who came in for that, but then I think it was the last two years of the grant that I was also the coordinator for the mental health grant.

JF So you became Acting Dean then in '64?

RJ Yes.

JF How did you happen to go from teaching to Acting Dean?

RJ I'm not quite sure, Joyce. All I know is that, at least the way it was communicated to me, was that Loretta could not be released to go to Motto Grosso, South America, unless I accepted the Acting Deanship position. During that period there was a lot of Peace Corps activity. And as you know, Loretta Bardwick had been quite involved. She was Loretta Anderson at that time. But, she had always been throughout much of her own professional career very involved in various kinds of international health activities. She became interested in the Peace Corps and particularly in what was going on down at Motto Grosso. So she got involved in that and did volunteer to go down there for two years. My

understanding was that her being able to go was contingent upon my accepting the Acting Deanship position. That was the contingency set forth by President Duran -- he was President of the University at that time.

JF That was a little bit of pressure.

RJ Yes, there was.

JF Did you feel prepared for your new role?

RJ Based upon my previous experiences that I'd had, because I'd had all along the way some kinds of administrative experiences or program development experiences which, again, were administration. Probably the one thing that I wasn't as adequately prepared for as one could be, and maybe this is just a matter of needing to be socialized into that part of the role, was the interaction with central administration here at the University -- interacting with them without feeling intimidated.

JF Well, I do remember, because I came here at that time while you were the Acting Dean. You were spoken of very highly. I remember that very well. I remember the expression was that you were considered amongst the "best of the young deans". So I don't know if you thought of yourself in that light, but that's how you were referred to. So it says something about the kind of job that you were seen as doing while you were in that role. What kinds of things happened while you were Acting Dean? It seems as if the building was being built during that period, so you must have had to oversee that.

RJ Yes. Just before Loretta left, we became a College which means that we became an independent unit, then, in terms of many decision-making issues. Also, the new building was being constructed and some of the other things that occurred was getting faculty involved in doing an intensive evaluation of the Baccalaureate curriculum, which eventually developed or led into the Continuous Progress Curriculum. Also, the faculty and myself brought in Dorothy McCloud and Ellie — they were off doing doctoral studies at that time -- as consultants to confer with us about the possibility of developing a Master's program. The College of Nursing Alumni Association got started, and the College of Nursing was the first college on campus to start its own alumni branch which was still associated with the University Alumni Association. I think that those probably were the major things that went on.

JF There was quite a bit of growth taking place, it seems. So, when Loretta came back and resumed the Deanship, what did you do subsequently?

RJ Then I moved into the role of the Coordinator of the Public Health Nursing area. I had originally planned, as soon as she came back, to go over to UCLA to start doctoral study. And my rationale for that is that I felt that it would facilitate her moving back into the administrative role, and my moving out and faculty being able to relate directly with her. There's a certain amount of Administrator-Faculty relationships that built up, with a certain amount of loyalty. I was concerned about that. But, Loretta encouraged me to stay on for that year that she came back, so that it would be a better transition period before I went off to school.

JF So what year did you go over to UCLA?

RJ 1967.

JF Did you work during that time that you were in doctoral study?

RJ A little bit. I was very fortunate. Again, I went over on a year's sabbatical for my first year, and then I also received a chronic disease scholarship for the three years that I was over there — one year sabbatical and then I had two year's leave of absence. As far as working, I did not work except when my typing bills got pretty large. Then, I worked at Broadway over there as a clerk to get enough money to pay off my bills.

JF That sounds interesting. As I recall, you would also get a little discount on purchases at Broadway, too, while you were working there.

RJ Yes. But, I did all my shopping at Sears and Penney's.

JF Well, when I said "not work" I really laugh, because I know that doctoral study is work. So, I know that you were working, but I meant for pay apart from your studies. So you were there for three years, and then you returned to ASU?

RJ Yes.

JF At that point where were you in your doctoral studies?

RJ I was just in the process of starting to collect my data for my dissertation.

JF And you came back to what role?

RJ My major role in coming back was to develop the Graduate Clinical Health Nursing program and write the NLN self-evaluation report. I had asked for an extended period of time to stay over there, but the College was in the process of going through a self-evaluation and getting the report

ready for continuing accreditation by the League. So Loretta wanted me to come back to get that report together.

JF So you were instrumental in that accreditation report?

RJ Yes. I was the final editor for the report. And then, that first year I taught in the Advanced Nursing-I and II courses at the graduate level. After that, once the report was finished, then I started getting very involved in developing the Graduate program in Community Health Nursing.

JF So, the first Graduate program did not have a community health nursing component?

RJ No. The first two areas were Maternal Child Health, and Community Mental Health/Psych. Nursing. Then, Med-Surg. was added, and Community Health Nursing, then the Nursing Administration.

JF Alright. Now, let me go back to the accreditation report. In your best guess, about what percent of your time was spent working on that report?

RJ I would say probably the majority of my time. It's so hard to recall.

JF Sure. We're just trying to make a best guess.

RJ Everything begins to kind of blend.

JF Okay. And I know you have been through this three times. This was the first accreditation that the school had gone through?

RJ Second. The first one was when we graduated our first group of generic students.

JF Alright. Now, this would be 1971 for that accreditation visit?

RJ 1971 or '72. I think the visit was made in '72.

JF And you were then setting up the Community Health Nursing component of the Graduate program, and you were Coordinator of that program during that time?

RJ Right.

JF I'm just trying to think through the 70's. You had set up the Community Health Nursing program; you were Coordinator.

RJ Right.

JF And how long have you done that, or did you do that?

RJ I did it for about 12 years. First, our positions were called Directors of the Clinical Graduate Programs, and later it changed to Coordinators because the term "Director" was in conflict with University titles, or something like that. I remained as Coordinator from '72 to about '84. Anyway, I resigned from the Coordinator position essentially because I did not have my Doctoral degree. I felt that in terms of the credibility of the program that it was very important that it have somebody who was in that position who had their Doctoral degree. The Coordinators for all the other areas had their Doctoral degrees.

JF But I understand that you did finish your dissertation.

RJ No, I didn't finish the dissertation. I had it almost finished, but I was out of time. In fact, I was over time. Then, my Chair was killed in that San Diego plane crash.

JF That must have been quite a roadblock, then.

RJ Yes, it was.

JF It was my understanding that during one of your sabbaticals you did write up your report to the funding agency for that research.

RJ It was just a report, but not the final research.

JF So you then were Coordinator during about twelve years during that period?

RJ Yes.

JF And one question which I haven't asked is related to when you were Acting Dean. You said you had a lot of central administration kinds of activities that were somewhat new. Once you became Coordinator and were involved with Community Health, did you have any more of those University relations, committees or direct contact with administrators?

RJ Not direct contact with administrators. I was involved in University committees, different kinds of committees. But no, I no longer had those administrative kinds of involvements.

JF So it was through the Dean.

RJ Right.

JF So in 1984 you did resign as Coordinator, and what did you do then?

RJ Continued with everything that I had been doing before -- full-time teaching, thesis guidance, those kinds of things. Except, I no longer had the Coordinator's responsibilities.

JF Now, I believe that we did, in 1979, go through a third accreditation visit. Were you involved in that report?

RJ Yes.

JF To the same extent that you were in '72?

RJ No. Ellie and I were essentially responsible for getting the graduate curriculum section of the report ready.

JF I see. So, someone else then was responsible -- for the report?

RJ Maura Mansell was.

JF Alright. But, now this year, have you not been Coordinator of Community Health Nursing?

RJ Well, see we no longer have Coordinators with the restructuring.

JF I should say Chair of the Division.

RJ No, Ellie has been the Chair of the Division. She was the Chair last year and this year.

JF So your major role has been instruction and thesis?

RJ Student advisement, instruction and thesis supervision.

JF Okay. That does somewhat bring us up to date. But you are now looking at retirement?

RJ Yes.

JF The 15th, a couple of days from now, will be your last formal day.

RJ Yes.

JF Well, I think I have to ask you what are you going to do next?

RJ Well, right now I am tentatively planning, and I'm a little bit in awe of the future out there and having all of this time after I've been working since I was age 16, you know, for salary. So there are going to be some changes. But, I see in my immediate future, that would be like this coming academic year, I've got some research that I want to finish up. I've got some interviews that I need to do yet so I can finish that piece of research and probably will get involved with some writing. I've been approached by a book company to do a couple of books. I see myself involved with colleagues, as far as maybe participating in their research

or collaborative writing. Those kinds of things, for my own continued cognitive stimulation. Also, somebody discussed with me a couple of weeks ago my interest in accepting a visiting professorship down at the University of Kentucky, because they are going to be implementing a new Community Health Nursing Administration Master's level program this Fall. I declined the offer for this coming year, because I feel that I need to allow myself a period of time to make the necessary transition. But, they also are going to be offering short-term, intensive two-week courses and wanted to know if I'd be interested in that. And that I'd be very interested in, and I shared that with them. I see myself having, perhaps, some additional opportunities to get involved in some other academic settings, as well as really more time to get involved in some professional activities right here in the Valley that I haven't had time for. I've been very, very busy with the College.

JF Okay. So it sounds as if when you say "retire", you're just changing your role.

RJ Changing aspects of it. But, one of things that I'm working on mentally right now is -- I'm planning a nice, leisurely trip through the Midwest -- Minnesota, Wisconsin, and Indiana -- this Fall. I'm really looking forward to that.

JF It does sound lovely. Well, I want to ask some other kinds of questions now. One of the things I wanted to ask you is whether you've always wanted to stay in nursing.

RJ I believe so. When I was in junior high, I wanted to change my career goals, but then I felt maternal pressure.

JF But once you got into nursing, you've been comfortable in the field?

RJ That's right.

JF Some of the questions are related to marriage and children.

RJ I never married, no children.

JF But some of my questions are related to the emergent role of nursing. Have you ever seen yourself as an innovator?

RJ Yes. This is one of the things I addressed earlier in the interview -- the phenomenon that I experienced of being moved into positions where the innovator role could be developed that I never would have anticipated.

JF Now, I do have a question of innovation in the Women's Movement. But, it became very quickly evident that I had used the wrong term when I started these interviews. People tend to see the Women's Movement as something that is relatively recent, is associated with a lot of public

debate, a little rowdy behavior -- like the bra burners of the early 70's. And that's not precisely what I meant. I was thinking more of the movement of women into the workforce in general. I think it is different in the post-World War II period. Women are moving out into the workforce and staying out there. That's the kind of innovation that I had in mind -- a much more general term. I wondered if you had seen yourself as a leader in that respect?

RJ I would have to say yes, but I would say more of a subtle leader than a real one who demonstrated explicit behavior. But, I think the fact that I have been as involved and as committed as I have been, and also, not being in any way hesitant about going ahead and assuming some of these kinds of leadership responsibilities. I haven't gone out and verbally been as much of a leader as I think some of the other people -- Schlotfeldt and a lot of the other people -- have been.

JF Well, I think that nurses, when they look back retrospectively, they see themselves more as leaders in the Women's Movement than at the time they were living on a day to day basis.

RJ I think just the fact that I maintained and retained a very strong career stance for myself, rather than acquiescing to the pressures -- and believe me there were plenty -- of social pressures to get married, settle down and be the housewife and take care of the kids, and forego the career aspirations. I think that many of us have experienced that.

JF Okay. That comes to the end of my laundry list of topics. But, before we do conclude the interview do you think that there is anything that we did not cover that we should have covered about your Cadet Nursing experience, or your subsequent career?

RJ No, I don't think so. I was thinking this morning, Joyce, that I'm not sure how much having had the opportunity to get the financial support that I did from the Cadet Corps helped me develop a mindset, or whatever in terms of feeling more comfortable in seeking and accepting scholarships, as I kept moving from one educational stage to another. I'm not sure.

JF Well, I want to express my appreciation to you for participating in this study. This will conclude our interview.

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