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:

none

Nature of restrictions on use of TAPE RECORDINGS:

none

Charlotte M. Katona
Interviewee (signature)

5-21-87
Date

CHARLOTTE M. KATONA
Name of Interviewee

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

This is Joyce A. Finch, Ph.D. Today is May 21, 1987. I'm interviewing for the first time Ms. Charlotte Katona. This interview is taking place in her home at 9502 West Newport, Sun City, Arizona.

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 Now, what I generally do is just follow this list along so that it's sequential. So we could begin with your education. You graduated in 1945?

CK Right.

JF Where was your school?

CK The school was a hospital school of nursing in Milwaukee, Wisconsin, the Evangelical Deaconess Hospital School of Nursing.

JF And about how large was that hospital at that time?

CK The hospital was 120 beds, it was a full-service hospital; it had all the services except psychiatric, but it had Medical, Surgical, Maternity, Pediatrics.

JF About how large was your class when you enrolled in the program?

CK The class I graduated from in 1945 consisted of two different classes. We enrolled students at that time every six months, and in my specific six month semester my class consisted of 18 persons when we entered. We did not end up with that many. Only a total of 18 graduated in 1945 of those two six month groups.

JF Did you have any affiliations at a college when you were in nursing school?

CK Yes, the Milwaukee Area Technical College was the college that we affiliated with. We had all of our sciences there. Our clinical was at the hospital, but our sciences -- basic sciences with other students -- was at the Milwaukee Area Technical College. I think it was called Milwaukee Vocational School at that time, it later changed names. There were seven or eight schools of nursing; participating hospital schools of nursing who all attended the Milwaukee Vocational School where our sciences, history of nursing [were] taught, the chemistry, all the labs. And then the applied nursing arts were taught in our home schools.

JF Did you have any affiliation in another hospital for any of your clinical work?

CK Yes, at Milwaukee Children's Hospital for Pediatrics, since our Pediatric service was small. Also at the Visiting Nurse Association for my public health experience. At that time we had an option of public health or psychiatry, so I did not have psychiatry. The students who elected psychiatry did their practicum at Chicago Cooke County or Milwaukee County, which were large psychiatric hospital. I did a three month visiting nurse practicum.

JF That was a bit unusual at that time, wasn't it, for hospital diploma students to have a visiting nurse service experience of such length?

CK It may have been, I've thought about that sometimes since, but I think it may have been influenced by the progressive Visiting Service Association and Public Health Department in that city -- no doubt the collaborative efforts of the educators, as well the service people.

JF Sure. Now, if you graduated in 1945 then you would have not been in the Cadet Corps the entire three years.

CK That's correct. I think I was in for three semesters -- like a year and a half. I did not join immediately and I've thought about that, too, and why that may have been. Perhaps the communication about the Cadet Corps wasn't strongly promoted to convince me earlier. Right then at that time, of World War II, military service was not particularly my interest and I think some of us might have thought (I'm only speculating what I thought at that time) that it might have been an immediate transfer into Army or Navy, and I was not looking for that career.

JF Okay.

CK But I do know that some of my classmates joined earlier than I did.

JF That seems to be a somewhat common misconception that people had to go into the military if they went into the Cadet Corps. But apparently you decided that that was not the case, because you ultimately did go into the Cadet Corps.

CK I think it was three semesters or maybe four, but it seemed more like three semesters when I think about the financing and so forth. But, I think it was at least three semesters or possibly two years, because I think of how the tuition then was paid for by the Cadet Corps rather than my father. I think about what I owed, what I felt I owed my father when I completed and it wasn't very much, so that's how I'm deducting.

JF One of the provisions of the Bolton Act establishing the Cadet Corps was that the nursing students have opportunities to have some unique experiences in their final six months of the program. This could be military or it could be civilian, private sector, experiences. Did you choose to do any of those?

CK Yes, I elected to go the Veteran's Administration Hospital, which was a large hospital located in the Milwaukee suburb called Wood, Wisconsin, it's now called Zablocki Medical Center named after our Senator. So I was there for six months and that conferred also a high cost of living stipend, as we called them at that time, which was important to me. But, some of my classmates did go to Army settings.

JF When you were at this VA Hospital, what kinds of activities did you have?

CK I had clinical experiences in all services. That was at that time an all-male hospital; it later housed some women veterans as well, but at that time it was all male veterans. I had every experience -- medical, surgical, there were some chronic or long term and, we didn't call them geriatric, I think they were just long term. We had a lot of tuberculosis. I did not have Operating Room. We had large allergy clinics and out-patient clinics. I worked on a Medical unit where we did a lot of skin testing for a lot of the scidycosis and other lung problems. There were many students there -- 250 Cadets at Wood, Wisconsin when I was there. We really did take over a lot of the residence houses that were on the grounds which former officers or physicians used to live in.

JF That's a fairly substantial number.

CK Right, but that hospital was a 750-bed hospital, so we could absorb a lot. And we worked all shifts and did have an educational clinical experience rather that just service experience. We had an Educational Coordinator at the VA Hospital. I'm sure some of her salary came from the Cadet Corps. So we did have objectives for our learning or practice experiences. We did do papers, we had presentations, class presentations -- we had a large classroom there. But we were on duty at least 40 hours a week.

JF When you were working on the units, as opposed to the educational experience, or p.m.'s, whatever, how were you supervised?

CK We were supervised by the Charge Nurse or Head Nurse, I think they called it, the Head Nurses of the various units. Evenings or nights there was a Charge person. We did case method type of nursing, some team nursing, but there were not many non-professionals. There were some corpsmen, a

carry-over I suppose from the military. For the most part we did direct patient care.

JF How did the Cadet Corps make a difference in your nursing education?

CK Well, it greatly assisted me financially, although my education at that time was not expensive in today's sense. But the fact that I did have some allowance, monthly allowance, was wonderful for me. I also appreciated the experience at the Veteran's Hospital. I was happy in my family life and was not particularly anxious to get away from home for an extended period of time. I think that even contributed to my decision not to go to Cook County. I was probably a shy, country person and the Veteran's Administration was a tremendous educational opportunity for me because of the variety of services. It was a large teaching hospital so there was a medical staff that was affiliated with Marquette University. So, that was a change for me and that was an improved education as far as collaboration with medical staff and other disciplines. Just being in such a large setting was a change from my more traditional, maybe provincial if you will, hospital or education prior to that. I did choose to return to the Veterans Administration for employment thereafter. That also was recognized as a very good job at that time. When I graduated from school in 1945 my first salary was a little under $140 a month at Deaconess Hospital, but I was conditioned or socialized to believe that you should remain in your own hospital for some period of time after graduation. Values were different than they are today. So I did remain at Deaconess for six months, pending appointment to the Veteran's Hospital because there was a waiting list at that time for jobs.

JF The War was over at this point, right?

CK The War was over in '45. I was there as a Cadet when V-J Day and all of that took place, so I well remember the reaction among staff and veterans and all that -- more dramatic, perhaps, than if you'd been in a community hospital [where] it wouldn't have impacted quite that much. There was also a period of time before the nurses returned from Service. When the nurses returned, of course, all the service people had job priority, so that also impacted the number that they hired outside from non-service people. I began work there in April of '46 as a Registered Nurse.

JF When you were working as a new graduate at Deaconess for that six month period, what was your role at that time?

CK My role was an evening Staff Nurse and Charge Nurse on a Medical-Surgical Unit. We had rotation of shifts, but particularly evenings I remember. We also worked 48 and 44 hours per week -- we had a half day off for, I remember like

Christmas, a half day off for New Year's and a half day off for Christmas, then a day off for each week so that gave me three days for holiday period.

JF We've seen a lot of change in hours, then, haven't we over these past years?

CK Right.

JF So when you went then in April of the next year to the VA at Wood, what was your role then?

CK My role was that of a Staff Nurse. There was centralized staffing which was done out of the Chief Nurse's office. You had a three month tour of duty on days and then you would soon check the Chief Nurse office bulletin board and you would find your name for either one month of p.m.'s or one month of nights on a different unit. So you rotated in order to cover all the services. There were not choices.

JF So you not only had to rotate shifts, but you had to rotate among units, too.

CK Services, yes.

JF Okay, that sounds like you had to be pretty flexible.

CK That's right. When I look back, I think the expectations of nursing and Staff Nurses [were] quite high as far as the degree of flexibility and accountability. I don't think that the autonomy was quite as evident or sought or facilitated as it is now, or as I have valued as a Director of Nursing. You just had a brief orientation, there [was] not the two week orientation when you came to duty there. But I had already been a Cadet there, which helped me to get the job but it also helped me in knowing my way around a very large setting. The Head Nurses were the ones that were pretty well positioned, stayed on their regular units. But the rest of the staff for the most part rotated. I don't remember if there were just some of the new people that rotated or if most of us did. There were evening and night supervisors, just one or two on duty for that great big place, who made rounds. You were pretty much, maybe the only nurse on a large unit, but of course everything was different. Our medications, for instance, were unit dose prepared medications. There were all stock drugs in your medicine cabinet as you perhaps remember, too. There was no secretarial support to nursing, you wrote in all the medications, you know -- "Medication 9, 1, & 6" and you signed it. You used different color inks for the shifts. You had orderlies or corpsmen who were on duty for settling some of the patients and doing some of the basics. It was a large, open ward setting -- six and eight beds per room, one central bathroom, so there was no running water in any of the rooms. Quite different -- you really did learn to

organize. The demand was high. You were evaluated then by that service head nurse for that period of time and that was turned over to the next place head nurse. You had a one-year evaluation. My salary when I started there was $2,240 per year.

JF Seems incredible in 1987, doesn't it?

CK Right.

JF But that was not all that bad.

CK No, that was a very good salary, very good job. It hadn't been too long [since the Depression] and the Country was recovering.

JF Did you feel pretty prepared for what you did at the VA?

CK I did very well, I had very good evaluations -- I've often thought about that. I had already, of course, prior to that been on night duty alone on a unit with just a house supervisor coming around at Deaconess. I had worked in Delivery Room, but I did not have a responsibility for that number of patients. It was totally different in that kind of a setting, versus private hospitals with the individual personal physicians and a variety of orders. There were many more standard methods of delivering care in VA. The organization was totally different. You had a large medicine cart, you had a large dressing cart, so there were a lot of efficiencies, perhaps, built into the system. You didn't have as many other distractions. There were not as many other disciplines or departments, perhaps, vying for the patients' time as I view it now. The coordination that the nurse now needs to do, versus what did was different. You pretty much had that patient on your unit for the full shift, unless you were on a rehab. where they went off to rehab. or something like that, or special limited special tests.

JF I was just thinking what you said about the different disciplines -- I was thinking that if there was any respiration therapy the nurse was doing that; if there was any physical therapy the nurse was doing that.

CK Okay, there also was no Recovery Room. I worked at the VA at the time that we designated our first Recovery Room. Of course, while I was at VA I did go up the ladder rather rapidly and became a Head Nurse. When I was a Head Nurse on this General Surgical and Plastic Service, again no running water in any of the rooms, burn cases and all, patients would come directly from the Operating Room under anesthesia to the units, like radical necks patients with trachs, chest tubes, although there wasn't as much sophisticated equipment. Our Wangensteen suctions were the old turn bottles, but at that time our IV solutions were already all

prepared -- not prepared by the pharmacy, but I meant when I was at Deaconess as a student, we had some open flasks for IV's hung with gauze up on an old standard. I practiced through many changes. I was also at Veteran's when penicillin had first begun to be used, and at first the doctors gave the injections. After that, of course, nursing did. There were not the long lasting preparations, so we were giving penicillin every two hours, and every three hours. You would have a tray again that you just draped out with the sterile towels and your dressings on 4 X 4's or something across the top, and just lined up all of your syringes and your medicine cards. Those were all glass syringes. So when you think of the other chores that you had, and you sterilized syringes, you know, you had a little sterilizer that you could put all the equipment in.

JF While you were talking I was also remembering. I was a real probie student when penicillin first came back into the civilian sector. The doctors were returning from the military and they were all very familiar with it and wanted to order it, and so it was being used quite freely. But those very first [doses], and I don't remember how long it lasted, it doesn't seem as if it was very long -- like a few months -- they were in beeswax.

CK Oh sure, it was so very difficult to pull up into a syringe.

JF So you had to heat it, and then race like the dickens before it resolidified.

CK Right.

JF There were a few sterile abscesses from that beeswax, too. So, that's what I remember -- it didn't last very long, it was fairly transient until improved preparations came about.

CK Also the tubercular patients when we were first starting to use strep. on them. Physicians also were collapsing lungs and things like that on those patients at that time. So, when you think of the advances in medicine or the sciences ... Also, we did not do a whole lot of blood chemistries on the patients, so you did not have a good laboratory value or diagnostic value on some of those patients, like blood gases or any of that. Some of the psychosis, I'm sure, were due to electrolyte imbalance -- there was so much misjudging or misdiagnosing of patients that you experienced during those changing times. It's good to reflect on that and to share it.

JF Yes, there's been a lot of change. Well, you said that you went up the career ladder quite rapidly at that VA. How long was it before you became a Head Nurse?

CK This is something also about that setting and how the autonomy might have been different. I was there from '46

until '48, at which time additional VA hospitals were opening in the Country, so what they did in order to staff the VA Hospitals, they transferred experienced nurses. So this was '46, I was about 23 years of age -- 23, almost 24 -- and I was engaged to be married when I was called to the Chief Nurse's office and told that I was going to be transferred to another VA Hospital and asked where did I wish to go to -- Tomah, Wisconsin or McIntyre near Hines, Illinois. I said, "Well, my home is in Sheboygan County and I plan to be married by this fall." So thirteen people from that VA Hospital were slated to move. So I had to resign. There were no options. So I resigned and then was going to go to the Visiting Nurse Association, which was another affiliation that I'd had as a Cadet Nurse. I valued that and liked it very much. But I had a call from Deaconess and therefore, I returned to Deaconess and worked in the Labor and Delivery Room and within a few months I was made the Head Nurse in Newborn Nursery at Deaconess. I was also starting Marquette at that time -- in September of '48 -- I returned to school to start working on my Bachelor's. Also being interested in community health, I knew the number of credits I needed to become certified as a Public Health Nurse. At that time there were some of those kinds of options. You talk about certification, well, that was around a long time ago. Some of the nurses went to Margaret Hague [Maternity Hospital] and other places for particular post-graduate courses. So, I worked in that role until I had my 32 credits, became certified as a Public Health Nurse, left Deaconess and went to the Milwaukee Health Department. So I had been back at Deaconess for about two years, the Health Department two and a half years, when there was a real shortage at the VA Hospital. There was then a bounty, and my friend that I had already met and maintained a professional relationship with called me and said, "Charlotte, if you come to work at VA you can work on my unit and there's this much money for a bounty for returning a nurse." So I returned then in '53 and had an orientation on that Surgical Unit, worked nights, rotating shifts but mostly nights. Then I was appointed Head Nurse on a large Surgical Unit. So when I say I moved up the ladder, it didn't happen immediately at VA, but when I returned. I still consider that rather rapid because I essentially had had about five years of staff nursing through most of my career and I have just completed 42 years of practice, so all of it has been rather progressive.

JF Now, let me go back. You went to Marquette?

CK Right.

JF Did you get a Baccalaureate Degree or certification in public health?

CK I got a certification in public health and continued in Marquette over 16 years because I worked full-time. I graduated in '64 with my Bachelor's in Nursing.

JF So you were plugging along simultaneously with the schooling and the working?

CK That's right.

JF So, back to the VA, you were a Head Nurse on a large Surgical Unit, and how long did you do that?

CK I did that until I needed to spend six months as a full-time student in the program at Marquette. That was a requirement at that time. So, I was on that same unit -- I graduated in June of '64, so until the end of `63 I was on that unit. It was just about 10 years, 9-1/2 years, on that unit. Then I was on a leave of absence from the VA in order to complete [my degree]. When I returned in '64, when I graduated, I was assigned as Head Nurse on a Medical Unit, which I didn't particularly choose. I was Head Nurse on that unit for about six months, perhaps, when I was assigned to evening house supervision. I was on evening supervision until a day supervisor job opened up, which I qualified for and was appointed to. Then I was supervisor of like five units on days -- Long-Term, Rehab., and some nursing home units we had at that time. Then I returned to Marquette to do my Master's work in '68 in two semesters and a summer school. At the VA you could only have a leave of absence for one year, so I returned for a few weeks or whatever just to renew my active time. Then I graduated in December of '69 from Marquette with my Master's in Nursing.

JF Now what was your Master's in?

CK Nursing Service Administration.

JF So there was a specific major in that field?

CK Right.

JF When you then got your Master's did you return then to the VA?

CK No, I had another job opportunity. I had planned to return to the VA, but I had a call from one of the Administrators of a local hospital, St. Michael's Hospital, namely, Sister Illumina. Franciscan Sisters from Wheaton were on the Marquette faculty and the dean recommended me to Sister Illumina at St. Michael's as the Director of Nursing. I thought the interview would be another valuable educational experience, because I had really not interviewed for a job for twenty years. So I felt that I was prepared at this level and if I didn't do it, who would? So I started there in January of 1970 and continued first as Director of

Nursing and [then] Vice President of Patient Services. I had a lot of additional departments that reported to me. [I was there] until September of '81 when we moved to Arizona. I had already been in contact with St. Luke's and interviewed for three weeks, it seemed -- the longest period of not working. So I started working in October of '81 at St. Luke's Medical center in Phoenix as the Assistant Administrator for Nursing and then retired at the end of last year.

JF Now, I'm trying to get some of the language sorted out. When you said that you were the Assistant Administrator, is that analogous to Director of Nursing for those of us who are somewhat aged?

CK Yes. In Milwaukee, at St. Michael's when they started to use the corporate titles for the administrative staff -- the President and he had an executive Vice President, and he had a Vice President of Personnel, Vice President of Finance and Vice President of Nursing. So, I became Vice President of Patient Services because I had some additional departments beside the nursing services, per se. I had Anesthesia, some of the clinics ...

JF So they weren't just nursing related?

CK No, I had the Quality Assurance Program; I had the Infection Control, I had Service Coordinators -- I developed that role; I was kind of a pioneer in the unitization of Clinical Specialists. I had twelve Clinical Specialists at St. Michael's in Milwaukee at the time I left there. Therefore we were equipped and recognized as one of the Magnet hospitals. We started the career ladders, started primary nursing, converted that hospital which was then a 405-bed hospital in nine months from team to primary nursing, converted the ratio -- instead of 30% professional staff which I had when I came there in 1970, there was 80% professional staff by 1981.

JF Now, that's very interesting. In a budget-conscious world, a hospital world, how were you able to justify that change?

CK We had incorporated a patient classification system so we identified the acuity of the patient and the level of services required by the patients which significantly changed from the 60's until present-day care; patient teaching and all the critical clinical services rendered by nursing to patients. You talk about turnover and attrition and loss of nurses, so we figured the cost of recruiting and bringing them in, and trying to retain nurses in a bureaucratic setting that is not satisfying to nursing, and is indeed very costly. There was a shortage starting at the time, so competition for nurses was very keen, so you needed to have a very progressive nursing department to attract and hold nurses. I recognized and was able to articulate that

to administration. Also career ladder implementation was not costly, it was a much better way of recognizing competencies of nurses, rather than just tenure or seniority in the system.

JF Now, while you were talking it occurred to me that you were in Milwaukee. Someplace along in that period Norma Lange was ...

CK Norma Lang is a very close professional and personal friend of mine. Norma Lang had been on faculty at Alverno, and was on faculty briefly at Marquette University. She was an instructor first at University of Milwaukee and then became the Dean or Chairman of the department at University of Wisconsin, Milwaukee.

JF I was thinking, did you use her for consultation for some of these things that you were doing?

CK Right. I was interested in getting professional nursing students in the setting. We had some diploma nurses that used St. Mike's, because we had a big psych. service; we also had a lot of LPN students, in OB. So, I was looking to change my ratio of professional staff. I also was not employing any more LPN's at that time. Nurses were going back to school, so the setting now became a very attractive one for professional students and I was looking to get the university students in the setting. So at this time, Marquette University and University of Wisconsin have clinical placements throughout the organization. There is no further clinical practicum for the LPN students. For instance, I felt that if someone had to learn Maternity and Delivery Room and Newborn care through teaching machines, it could better be the LPN students, if you will, than the professional students because they couldn't get a clinical practicum. Those were some small services -- you know, not many of those clinical practicums are available in the hospitals for the number of students you needed to have. So, I've been a very strong collaborator with academia, if you will, on behalf of the advancing of nursing practice and the education of the nurse. So Norma assisted as we developed quality assurance -- unit-based quality assurance program -- at St. Mike's. I developed a research committee consisting of Master's prepared nurses that were on staff. So, when we had the quality assurance program pretty well put together, then we thought let's invite Norma for lunch. She said it looked real good, but did we think of maybe turning it over -- turning the schematic drawing upside down and starting with unit-based rather than at nursing division level. So that's what we did. I've also used Norma Lang here when we developed our standards for practice at St. Luke's; the competency-based standards for evaluation. In fact, we surveyed many people nationally for input and review of our standards. So Norma did come; she wasn't able to meet the deadline when we needed, the materials -- she

was busy with so many other things -- so she paid us a visit, she was coming here for another reason. She said, "Charlotte, I felt badly that I didn't participate at that time. Can I spend a day with you and your staff and give you a little of my personal review?" So she's done that.

JF So you used consultants for standards and competency-based evaluations.

CK Criteria for evaluations, yes.

JF What I was thinking while you were talking is that earlier you had said something about the Director's position -- I don't think you had that, but you were referring to it -- that it was kind of saying staffing was handled from a central office.

CK Oh, yes; in the VA it was handled centrally. I knew how I responded to that and I saw the changes, work values or work ethic or some of the other changes in the way a nurse was educated. So looking at the environment in which you wish to hire or retain nurses, I saw the changes that needed to be made. So I did decentralize authority -- Head Nurses then became, indeed, the manager accountable for 24 hours. They were accountable for 24 hour service. I also developed the role of the service coordinator to manage the non-clinical aspects of supplies, some of the budget, time card calculation, because I deleted the role of the supervisor and increased the authority of the Head Nurse where she interviewed and selected her staff, and she made out the schedules and planned the vacations across the board, accountable for the service delivery. Then with that -- instituting primary nursing -- early discussions came about of will the LPN be a primary nurse, can she be an associate nurse? So we early needed to develop our criteria and our definitions, but I remember that discussion, lively discussion, that day saying, "Well, Charlotte why can't the LPN be an associate nurse?" And I said, "What is the role of the associate nurse? If the primary nurse is off now for two days or is on vacation and you have the associate nurse who may be part-time or may be coming from another service, what is that role, what is the degree of authority that needs to rest with the person who relieves the primary nurse on behalf of the patient? It cannot be an LPN because the LPN works in a dependent role, rather than as independent as we believe our nurses need to be in delivering care, communicating with physicians, and all." So even now, as I hear, a hospital here in town, Good Samaritan, that is now instituting primary nursing, I suppose you need to continue to work at that. And they're looking at and talking about the role of the LPN and inclusion of them. Well, I guess I was fortunate and I met very closely with that staff, with the aides. They said, "Mrs. Katona, you mean we won't chart anymore?" I said, "Yes, you'll chart, but you'll chart those things that you do -- what you do may be different."

See, they were losing, I suppose, some sense of esteem or how they had been elevated in the system. But, it really went very well because of personal involvements, staying close to them, communicating, being there a lot. I always worked long hours and am very committed to the staff. I believe that my role was working on behalf of the staff. The staff works for the patient, they didn't really work for me. My work needed to be in preparing an environment of support and facilitating their advancement and practice and creating an environment where students could have a good clinical practicum so that we had faculty around. So, some people speak to being lonely in these top positions. I never felt that way, because my Clinical Specialists were Master's prepared, as I was; my Director of Education was Master's prepared, many of my Head Nurses were advanced in their preparation to that level, as well as faculty people. So there was a lot of support.

JF Well, it sounds like you had a very rewarding period in that role.

CK It was very progressive. My career has been very progressive. While I was not a staff nurse, maybe for many, many years, I had a very sound foundation. I learned how to work, I learned how to organize, I valued patient needs very much, and I always remained very clinically informed, very clinically concerned. Therefore, I think I was able to talk the language or understand the day in the life of the nurse throughout my career.

JF Well, this has always been a very confusing topic -- I think most of us are a little bit confused -- but let me give you a little background here. One of our students who was a very bright, energetic person -- she was also an RN student by the way -- upon graduation she immediately took a position as a Head Nurse in a speciality, I think it was kidney disease or neurology. I know one time she made the comment that she had to be very careful in working with her staff because she came in with a brand new degree, even though she knew she was experienced in working, because she didn't really know anything about the specialty of the unit in that. I think it must have been kidney because they would have ...

CK Dialysis?

JF Yes, or they would have a TUR, and the patient would be bleeding. She said some of the experienced nurses on that unit could take a look at the blood and the kind of pain, and she would said, "Well, this needs to be dealt with, this isn't going anyplace." That person was very skilled in analyzing that situation, and she was not.

CK Repetitious experiences.

JF Yes. But that was a bit confusing for the staff, you see, that she said, "I felt very prepared to be a Head Nurse, but I'm not specialized in the care of TUR patients." And it seems as if that is a problem that the Administrator, or Manager perhaps I should say, at whatever level has because what they're hired to do is not the work of the unit. The people who do the work, that's what they're hired to do. But, you expressed it very well, I'm just trying to tie some things together here -- that you need to be able to speak the lingo, and you need to know what work is but you don't need to be specialized in that work. It seems to me that that's what you were saying.

CK Right, like I don't know every reaction of the medications, I don't know now how some of the routes of administration may have changed. I can read journals and keep up, but I'm not in that every day. But I can clearly appreciate that, obviously that's different. When I would make rounds to the unit or see things, I'm still able to evaluate from patient response, from reports, from incident reports the level of nursing practice. I can see the behavior of staff toward one another and know if it's of a professional, colleagueal interaction or if it's ... For instance, the nurse who sees the clotting or sees the bleeding and can know from many cases that she's taken before and knows immediately what to do, that's fine but she can use that just to keep herself as the expert, or she can use her experience and her observation to assist the other person in saying, "Have you looked at this, have you looked at that?" So, it's in how willing she is to assist the other person in her assessment and get them on their way. So, it's true. Now, the diploma nurse, and I don't have that problem recently, but for a long time at St. Michael's as I employed the Baccalaureate nurse, the testing for that nurse was quite different, perhaps, than some of the experienced diploma nurses. They had the routines down pat, they were good in their organization. They were not as good at interaction, questioning, teaching, they didn't value that because that's not where they came from -- that was not what was valued. So to change that in a setting and not be threatening yourself to a staff, or as you introduce Clinical Specialists, well I don't see them doing any work around here, but I was working closely with those Clinical Specialists so that they were staff support, they were on the unit. That's another thing that's important, I think, an important distinction is the role, a staff role or line position. If you immediately give Clinical Specialists a lot of line responsibilities they will not be available as a resource to the staff. When they become a resource to the staff and work with staff to improve practice then -- and when you talk about cost effectiveness, that's the payoff. That's what I was able to experience and to articulate to staff and administration.

JF This helps clarify some confusions I've had for years. It was a struggle in my role with students to articulate that. Beyond this study this is very helpful to me. Okay, one other question I had about this period. You were in the role of Nursing Administrator over the period of, say Director of Nursing and then in the corporate structure -- did you see that as strengthening the Administrator's role to make that move, say from Director of Nursing to Assistant Administrator?

CK Yes, it strengthened the role in communication, policy formation and impact, maybe even benefit programs, budget considerations for education probably for staff, or improved orientation time. So, without that opportunity to be in the administrative circle for administrative meetings on a regular basis, your own credibility -- they don't get to know you as well. You don't hear the bigger picture, so they can choose to leave you out of the bigger picture because if you don't have the information then you don't behave in a way that's as valued to the organization or do it for your own self on behalf of the division. So, I think that's very important -- the administrative level that is granted to the person who's in charge of all of nursing.

JF Okay, then you did say that you retired in December of last year.

CK Right.

JF But, I happen to know that you are not precisely retired.

CK That's right.

JF So what are you doing these days?

CK Well, I am the Chairperson for the Arizona Nurses' Association, Cabinet of Nursing Services. In that role as the Chairperson of the Cabinet we are organizing the councils consistent with the new structure of ANA -- the Cabinet and then we have the Council. The Cabinet is the policy-making body for nursing services in this state. Then we all have Councils on Long-term Care, Staff Nurse Council, Nurses in Management Council, and Nurse Administrator's Council. The objective, of course, is to really unify the various levels of nursing within Arizona in order that our organization can grow and carry out it's mission and, perhaps, be more influential in legislative and health policies, and all. Also that our Administrators within this state will see nursing as united instead of fragmented, and maybe we can get on with improving the life and the image of professional nursing in our state. Then, in addition to that, I've just completed my term of Board Member of the Arizona Organization of Nurse Executives. I had been the President of that organization for the previous year, so since the five years in Arizona I've been very involved

professionally. I also am now running for the American Nurses Association Board of Directors. I'm a delegate to the House of Delegates in June in Kansas City -- I've been a delegate for Arizona to the bi-ennial in Anaheim last year. So, I'm contributing in kind, I hope, to the career and to the Association of which I've been a member since 1945. I've always been a member of the ANA. I have been able to maintain my membership without Administrators or personnel people saying that's a conflict of interest because of the economic and general welfare platform of some of the state constituents. That's not a platform of the Arizona Nurses Association. We're trying to build a professional model, in fact, of professionalism within the work setting and resolve any differences, problem solve through professional means rather than union contracts, if you will. So, I'm very committed to membership in ANA. There are few Nursing Administrators in this state who are members, very few nurses in management and therefore, a lot of staff nurses are not receiving the kind of professional influence from their leaders that they deserve. So I think that's what I'm about.

JF Alright, that brings us up to date on your actual career activities, but I do have some questions that are related. One of the things that I wanted to ask you is have you always wanted to stay in nursing?

CK Yes ma'am.

JF Okay, that's unequivocal.

CK Yes, that's true.

JF You have been married these years.

CK Yes.

JF Do you have children?

CK We've raised my husband's children. They came to live with us when they were 16, so they finished high school with us and are now married. So, we did a little balancing of careers and family.

JF How did you juggle work and family responsibilities, because you did say one time that you worked hard and long hours.

CK Yes, I worked hard and long hours, I also worked rotating shifts a lot, but I think because I was so committed professionally to my job that it was an accepted thing and we worked around it. I was not pressured at any time from my husband about, "Well, why do you have to work today" or "Why do you have to work this weekend". I worked many weekends at the Veterans Administration, we did not have a policy of every other weekend off or every third weekend, or

anything. You always had the obligation of staffing the unit first. And he also worked in retail sales and worked many evenings and worked some long hours, so both of us I think accepted that. We did not have weekends off together until we moved here to Arizona, until he retired because he still worked Saturdays and then some Sundays, so our life may have just been a little different than some of those people, or who have all summers off, maybe. I think some of the people who might be married to persons who have that kind of a schedule might be under more pressure. I always tried to understand that on behalf of my staff members just because my schedule could be well worked around. However, when I did work evenings, evening supervision for a matter of many months, and he worked evenings and nights, that was not pleasant. For our son who was in high school at that time, it was not nice. But, there were not choices for some of that time so you accepted that.

JF Why did you work?

CK Well, I liked nursing. I did not have babies myself that demanded my time. I've been active, I've been very healthy. I enjoy work and I had skills to offer, I saw that I was needed and I always felt that I was very needed in whatever job I held. I always felt very responsible; it was not a burden, it came very natural to me. Nursing suits my personality and my spirit, I think, very much. I enjoy people, I respect the opportunities that a nurse has to enter, if you will, into another person's life. You have entry into another person's life in a hospital room different than many other disciplines. You belong and you're accepted. With that comes that obligation, I believe, to serve. So I'm very strong about the need to give.

JF Have you ever seen yourself as an innovator?

CK Yes.

JF Now you've said at one point you were a pioneer in establishing some nursing things; have you seen yourself as an innovator or a leader in the Women's Movement?

CK Not per se, but I never felt that because I was a woman that I had any limitations. The way I was oriented in my family, perhaps the kind of mother that I had and the kind of person that I married, I'm just naturally who I am. I'm not anti-Women's Movement, but I believe that opportunities are pretty well individual and according to your own ability or preparation.

JF Okay, now I'm going to qualify what I said and asked. I do realize that most women and most nurses -- when we use the term "the Women's Movement" they think or we tend to think of a movement that arose in the 60's that's very politically

active, a little rowdy sometimes, a little uncouth occasionally. But indeed, that was not precisely what I meant when I wrote this question or asked this question. What I was thinking was that women are different today than they were some 45 years ago. Before World War II women tended to work as a means of biding their time until they married when their real work began. Now I see women working as a contribution to the society that is as valuable as raising a child, establishing and creating a family. So that's the sense of this much larger change in the role of women.

CK Societal change, for both sexes.

JF Sure.

CK Dr. Finch, I remember when I was a young nurse after I graduated and worked at Deaconess that it occurred to me, and I remember it now so it must have been a fairly strong thought, that I thought nursing was something to do until you got married. And I used to look at some of the staff people that were employed and wondered about them -- wondered if they had either never had the opportunity to be married or have family, or if they were married and working and had children. I wondered about that because my mother was a very adequate homemaker and there weren't those choices to her. I think she maybe would have worked if she'd had them. But yes, I was raised or conditioned to believe that that was very important, but that changed. Also I learned that I was not able to have children when I was quite young, before I was married, which was a tremendous blow to me. In fact, if I talk about it now I remember that it was painful. But maybe with that also, that personal life experience, there may have been some sublimation, there may have been a little different view of all of this. I'm not sure, but I never did treat people differently and say, "Hey, now look, don't tell me about your family." I also experienced some of this in nursing -- those people who had not married or did not have children, there was not a lot of understanding of how difficult maybe it was to balance [those things], for people on nights wondering where their children were, how well they were being cared for. So I know that change that we see today is not without its burdens.

JF Well, this is one of the reasons why I think the Cadet Nurses are an interesting group, because more than any other group they came out into the workforce at the end of World War II with, and I'm going to make an assumption about most of us, that we were not going to do this forever, but for many of us it has been something close to forever.

CK That's right.

JF And we've adapted to that change. I suspect without cognitively planning it we sort of look back and say, "Gee, isn't it interesting how that worked out", as opposed to young women entering their careers today who have a career orientation.

CK Sure. Even when I say it was centralized, there weren't as many choices. But the foundation that was laid for me through that work experience, the variety of settings in which I was tested and met the expectations really equipped me very well. I was also determined enough to succeed. There were a lot of people, as you know, who say "Oh, it's too hard, I can't do this."

JF Okay, this somewhat completes my laundry list here. But before we do conclude the interview I just wanted to ask you if there is anything that you think we should have covered but did not.

CK No, I think that I really gave you more information maybe, as I rambled on about my career.

JF Oh, no.

CK And I think what it also did for me additionally was to view more positively some of the traineeships and things that were available. I just thought of that now, because I did have classmates that didn't want to receive any money, felt there would be a big obligation at the end of time or something like that. I rather viewed that as a recognized need to assist education of nurses for our society, so to speak. So, I'm very pro-funding for nursing education because it never covers all of your cost, but it certainly helps where there already is potential and incentive to go on. That financial support means a great deal. It's like another support system that otherwise might limit a lot of persons. It wasn't all that much. I don't know what it ever cost the Government totally, I 'm sure you will learn that in your study.

JF I do have that information somewhere, and I can get that to you.

CK Well, I just think it would be an interesting part of your study that nationally, for this cost, how many people really -- if you have that number -- were benefited and maybe that could be one of our statements as we lobby now for funding.

JF Yes.

CK Remind them how valuable that has been in the past.

JF And that kind of evidence is somewhat limited, I think, in the sense that there are studies that say, well this is what the Government did and this is what it cost, but not ...

CK What it produced.

JF What it produced, yes, except these number of graduates finished programs between this time and this time, but their contributions to society have not ... And so yes, you're right. This was not one of my intentions, but you are not the first person to say that this may be the value of this study down the road. Well, I want to thank you for participating in my study, and this does conclude our interview.

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