

Betty Dennis

Q: What is the difference between hospital SONs and baccalaureate SONs?

Well, that's really a good question because many people are a bit confused about the differences between educational settings for nurses and why the clamor for university education for nurses. In a university setting, what you're able to do is to focus on not only skills, but on the ability to think critically, the ability to lead, the ability to manage and the ability to pull a team together and to work effectively in delivering client care. In a hospital setting, if you look at the history of nursing, what you find is that because it is a hospital setting the focus is on the delivery of care to the client and as nursing began and was first established in a hospital what we found is that nursing students then became a part of the labor force, rather than the focus being on educating them, being certain that they not only knew nursing skills, but that they were acquainted with the arts, with the humanities and that they had more of a worldly view that they could bring to the delivery of care. The focus was simply on using them as persons, warm bodies, to fill empty slots. So in bringing nursing education out of the hospital settings and into the university, we have the control that we need. We have the ability to deliver the kind of curriculum that includes not only the art and science of nursing, but the art and science of being a human being. And one that's able to take to the client an appreciation of who that client is as well as the problems that that client might have and the needs that the client has.

Q: What does a baccalaureate in nursing enable someone to do.

Well, the baccalaureate program really is entry into a world that a nurse can define however he or she would like to because it's a first degree, then that individual can go on to law school, they could go on to business school, they could go on to a master's or a doctorate in nursing. There are just any number of careers that would open to that individual. And of course, many have gone into nurse practitioner programs. But a baccalaureate degree enables a nurse to have that kind of flexibility and those kinds of options available to him or her.

Q: How does the public benefit from having nurses with baccalaureate degrees?

I think that's a very good question because I believe that citizens ask that question and many will say an RN is an RN is an RN. However, once you have an RN who has a degree, what you've done for that individual is to develop their role. And if you develop the individual's role, they bring more to the interactions they have with clients. What do I mean by more? Well, one of the things that they grow to appreciate is that while you may have several clients with the same illness, the factors that make a huge difference in what happens with those clients is what their cultural backgrounds happens to be, what their economic status happens to be, maybe what area of the country they come from, just many of the kinds of things we have to factor into caring for clients and there is a greater appreciation for that. And that we intend to develop in baccalaureate students through the inclusion of the kinds of experiences that develop critical thinking. So while a nurse is a nurse is a nurse, there are some real differences. And those differences we would

like to see have precedence and we would like for those differences to be available to every client who needs the services of a nurse.

Q: What is the difference between training and educating a nurse?

The difference is very important. When we speak of training, we speak of helping an individual to acquire a particular skill or a set of skills. And that's perfectly fine. When we speak of educating an individual what we do is we talk about opening up a process that becomes a lifelong process. Education is a lifelong process. So we want an individual who sees that their role is not only to receive a basic education but to build on that education as long as they are practicing their profession. So, the difference I think is very important, that when we educate an individual, we have allowed that individual to see that this is only the beginning, that this is something that you continue throughout your life. And you move it in whatever direction you want to move it, but you continue to move it. If we train someone, it's like a seal in the circus. I mean, you train them to bounce the ball on their nose and they don't do anything else. We don't want that in nursing and in healthcare.

Q: What is important about the early black SONs like St. Agnes and Lincoln?

They have a very unique place in history because as our society was at that time, they represented the only options for nurses of color to enter nursing. And they are continually honored for that and I think rightfully so. We've moved, thankfully, to a point where that is certainly not the option anymore. However, those early schools provided the entrée into nursing for persons who would not have had the opportunity in any other way.

Q: What is special about how and when NC developed these programs?

Well, I think NC is very unique in beginning with the university system in NC, and of course, the number of historically black universities that NC has. I don't think that you will see this repeated in very many if any other, sites throughout the United States. I think that here we've been fortunate in that we have not one or two, but we have 3 nursing programs that are baccalaureate nursing programs that are housed in historically black universities. And in that way, I think that NC has been very, very special. I believe that it's time for us to build on that because if you will look at those programs, they have not moved beyond education at the baccalaureate level. And I think that's unconscionable. I believe that our programs should be able to offer graduate education just as it's offered in other institutions within the systems.

Q: To whom do we owe gratitude for creating these schools?

Well, I think they were absolutely people of vision and also people who looked at opportunities to begin. If you look at the history of NC Central University, for example, and the fact that it started as a liberal arts college, and then moved in 1972, with finally it was included in the, as a constituent UNC institution. But the nursing program there

started really very simply and very humbly. In 1948, it started with a certificate program in public health nursing. And also for those persons who were already registered nurses and had come out of hospital schools of nursing, they offered a baccalaureate in public health nursing. And then from there, they offered the baccalaureate to any nurse in general nursing. And in 1961, they started the RN to BSN program that is so prevalent now throughout the United States, programs that allow career ladder movement for nurses who have started in associate degree programs and would like to go on for their baccalaureate degree. And NC Central really was, if not the first, certainly among the very first to recognize this as a need and to establish a program for it. And from there, NCCU moved to the baccalaureate program for what we call the generic or traditional student. So it was a matter of progression for NCCU and I believe for our sister institutions as well that you start wherever you can start, and as you can progress, and as you can build on that, you continue to do that.

Q: Why did it start with public health?

Because public health nursing is the one area that is not a part of the hospital nursing curriculum. So, if you have individuals coming out of the hospital schools of nursing, that's a deficit for them. If they are interested in public health nursing and becoming public health nurses, they must then supplement their basic education. And this was, I suppose, a very astute way of the persons starting this saying this is a definite population that we can target that would be ready to take advantage of a certificate or a baccalaureate program in public health nursing.

Q: What was Mary Mills' contribution?

Yes, well I think you always have to look at the individual. And individuals rise to the occasion, oftentimes. Mary Mills had as you know as we say when we talk about the astronauts, 'she had the right stuff.' And she was not afraid to try something new and I think in looking at her career it's very obvious that she's a person who would step out front who would try something that hasn't been tried before, who would risk. And you needed an individual who would risk. Someone who would say, 'Well, it hasn't been done before, but that doesn't mean it can't be done. I think we can do it.' And to get out there and do it. And she's that kind of individual and I believe that that's what was needed. And oftentimes, in starting something new you've got to have someone that everybody, that most people will look at and say 'Well, you know they're kind of crazy or they're, this person is always trying to do something different.' And that's the individual who will make a difference in the end. And I think that's very true of Mary Mills.

Q: Why was it so important that she and others get a certificate program off the ground?

It was so, it was important because those who could see just a little bit down the road, could envision a baccalaureate program eventually. So, to start with the hospital educated nurse as your target population with the idea that eventually your going to be able to move this whole idea forward so that you can establish a baccalaureate program

for, in a historically black institution, and of course, at that time, most of the students would be African-Americans, so that you, you're looking at not only what you can do today, but what it means for what you will be able to establish tomorrow. And not to wait for the perfect time, if you wait for the perfect time, it never comes. If you wait for a time where all of your, all of your questions about what you're doing are answered, you'll never move. So what you do is you take an opportunity as it comes and you develop it as you move forward.

Q: What about Helen Miller?

It's quite alright. Helen Miller was, again, an individual who would take risks. She was a very independent thinker, is still a very independent thinker, very, very bright woman, able to see not only what's here now, but what might possibly happen here if we apply ourselves and are diligent in what we do. And really just willing to work and I think a lot of it being willing to work and being willing to say, 'Yes, this succeeded or no, it didn't succeed. And it's okay. I learned some lessons from it and I'll pick up and I'll continue.' And I think that's more important than anything, being able to risk yourself, your reputation, what others think of you, even your job and say, 'It's worth it. And if it works, wonderful and if it doesn't, I've learned some things and I'll go on to the next.'

Q: Why did she feel the RN to BSN program was important to her?

What she was attempting to do, and really succeeded in doing, was to say to any RN, here is an opportunity in an university setting. Here is an opportunity for you to meet some of your goals as a professional nurse. And every university was not saying that. Most universities were not interested in a person who had not come the route of baccalaureate education. If you were unfortunate enough to have decided to go to a hospital school of nursing, and at that time, the associate degree programs were, had not proliferated and there were just not, and there were not, they just had not come on the scene. But if you were unfortunate enough to, say, go to St. Agnes instead of coming to NCCU for baccalaureate preparation, well that was just your tough luck. What she's saying is that there are opportunities that can be realized for everyone. We simply have to develop those tracks and we have to have the commitment to all nurses no matter where they come from or how they start. And I think that that's probably what made the whole idea very, very unique. And that she was open to any nurse without condition as to how they had been educated.

Q: Was there a lack of public health nursing programs in other places in NC?

The, I believe that the influences of Mary Mills' is felt very strongly in that we started with public health nursing because that's where she started. And I believe that she had a very strong belief in the need for public health nursing and was able to put her stamp on the program. Then, as Helen Miller moved into the leadership role, she expanded this and opened it up to all nurses. But the fact that NCCU was fortunate enough to have Mary Mills come to us first, I believe made the difference and is responsible for us having a program in public health nursing first and foremost.

Q: Can you talk about the collaboration between UNC and NCCU?

Actually, I don't know a lot about that. (John) And yes, she would probably know more about that. I have not heard a great deal about any collaborative effort, frankly. Maybe Mary Mills, but she's never in our conversations talked about that interestingly enough. But let me move back to your previous question. I think it's important to understand that there were very few baccalaureate educated African-American nurses during Mary Mills' time. For her to make public health nursing available, and baccalaureate nursing available to primary African-Americans was I think a very, very outstanding contribution on her part. The fact that she brought that to the table and was able to make that available to NC is another way in which NC is very special because you don't find Mary Mills everywhere. And you don't find, at that time, persons with her educational background. So, I just think it's unique in many ways.

Q: What can and should be done about nursing shortages?

Age-old question. Nursing shortages. I think the shortage of nurses with the development of an increasing technological utilization in the delivery of health care. What we find is that as healthcare changes, and as the demands change, the roles of nursing also changes and as those roles change, what we find is that the need in many instances increases but as those needs increase, we have to look at nursing on a larger, on the societal scale. And what we see is that it has been and continues to be a profession in which the majority of persons are female. However, society now offers females many, many more options so what we find now is persons who might have come into nursing are in medicine. Persons who might have come into nursing are in dentistry, persons that might have come into nursing are in law, they're in business, they're in all kinds of corporate careers. Now the interesting thing about that is a nurse can do any of those things, however, as a woman, a young woman now considers what she might want to do, she does not have to go the route of nursing to do it. She can simply go into it, and now we find that the admissions into medical schools for women are almost equal to those for men. The same for law, so that the options are greater, so the pool of those persons available to come into nursing has really decreased. The academic standing of the individuals in that pool is not as high as it was before there were more options for women. So, for example, if we say that most of the applicants to a nursing program brought a A average, we can say now that perhaps we're lucky if it's a B+. So there've been very definite changes, not only within healthcare and the demands on a nurse, but in the larger society and the options that are available.

Q: How should nursing programs make the RN to BSN pathway more available?

If we want to attract more persons into nursing, males and females, we have to start earlier. Nursing has an image because there, it has the fortune and the misfortune of having mostly women in it. It does have a definite image. That image in many instances is very positive, if you look at things like who the public trusts. They definitely trust nurses. We always come out near the top of the list. But if you look at the role that a

nurse plays and how that role is perceived, it is not perceived in as positive a manner. A nurse is not seen as a leader in healthcare, and I think there is a great deal that can be done about that because nurses exert leadership in many different situations in healthcare, so there's a great deal that can be done about that. We have (Noise)

There are a host of opportunities that are available. We've not done a good a job at making these known and widely known to individuals who are choosing careers. As I said, I think we start late and I don't think that we advertise well. I think there is a lot that we could do to help individuals see the various pathways they could take in just beginning as a baccalaureate prepared nurse. And I believe if we were able to do that, and in a better way, if we had that Madison Avenue approach to things, probably we would have the kind of face on nursing that would be so attractive to young people that we would have them beating down the door. So I do think that we continue to attract, but we are not attracting in the numbers that we need to. And as we look at the increasing need for nurses and we look at the numbers that we are attracting, what we find is probably by, somewhere around 2010 or 2015, we're going to have such a wide divergence in need and supply, it's going to be close to a half million. And that's a tremendous need if you think about the hospital settings, if you think about some of the critical care areas, if you think about the healthcare that's needed in an aging population here in the United States, that's going to be a tremendous need to fill.

Q: Could you talk about making the ADN to BSN pathway more available?

The ability of an ADN nurse to come into a baccalaureate program and complete that and receive her degree or his degree is very, very important and we have just come to realize that, and the realization has taken the form of articulation of programs between the senior colleges and universities and the community colleges. We have at NCCU, 7 of those agreements that we're now working with and we intend to have more. What this says is if circumstances are such that you can only go into an associate degree program now, but you really have the intent of moving on into a baccalaureate, a master's or doctoral program, what we're seeing is that the pathway is very clear for you. We can tell you now coming into an associate degree program day 1, we can tell you what you need to take, every course that you need to take, whether that course will transfer to us, what else you might need to take so that you know from day 1 exactly what the pathway is to a baccalaureate degree even though you are enrolling in a community college. So, I think that is unique in NC as well. We've addressed that in a more comprehensive way than most states have. We have come to terms with the fact that there are differences between community colleges and senior colleges, but we're in one educational system. So whatever the differences are, how can we bridge those differences. And we've come together, we've sat around the table, we've looked at what the community college brings, we've looked at what's necessary in the senior colleges and we've come to agreement. And I don't think that that has happened on that scale in most states in the United States. So, we have that, I think it's really very fortunate. There are so many options now for persons who decide that nursing is really what I wanted to do. Now I didn't know it when I was sitting in that class and majoring in psychology and I wasn't really sure about it when I was in business and taking that course, taking those courses, but now I'm really

sure. So, we have options that say, 'We welcome a second degree student, and we work with what that student brings and we help that student to move through to a baccalaureate degree.' So, we've opened up the profession in many ways, but as I've said, we still haven't put the pictures out there that help persons to identify early with nursing and help them to see what wonderful opportunities are available in the profession.

Q: What sort of RN to BSN program have today in regard to new technologies?

Today, NCCU has moved from an RN/BSN program that said to the student coming in, 'We welcome you, but we don't believe you have everything that you need so we're going to put you in classes with our traditional or generic students.' We've moved completely from that to say, 'Yes, indeed, here's an individual who does have a rich educational background, and a background of work experience.' And we've developed a tract for that person. So today, we have tracts for that person. The other thing that NCCU has said is that once an individual has completed a nursing program, has an associate degree graduate, and has passed their boards and they're practicing, that individual has a life. That life might include a spouse and children or care for home, or elderly parents or any number of things. So if we're going to offer the educational experience to that person, we need to be sensitive to the fact that this is not a high school graduate. So what we've done in our program is to say that we will offer the majority of the program on one day each week. So that means that the individual can predict when they need to be on our campus and for how long and they can arrange and schedule their lives accordingly. And that will then, is the way to work with adult learners. We definitely see the RN/BSN student as a adult learner and we have developed our program around that concept of adult learning. I can't remember the rest of your question!

Q: New technologies, the internet?

We're looking at our competition and we have a lot of competition, especially for the RN/BSN student because that is the student that has completed a great deal of the clinical part of the program and a lot of the theory, then, will be added. And they are there for the RN/BSN completion part, so there are now others that recognize that a lot of what the RN/BSN student needs can be put online. If it can be put online, they can be in Florida or Arizona or New Mexico or New York and they can still have the student in NC. So, what we've recognized is we need to step up what we're doing and meet that kind of competition. So we have courses online, we are now prepared to out just about the entire RN/BSN curriculum online. We have courses that we take to the student, so we have off-campus courses in Person County and Wake County and ?? County. So we actually take our programs to students and we'll be offering that program online to students. We think those are tremendous options if we have nurses who are working different shifts and they want to enroll in the same program, they can do that because one might sit up at 2:00 in the morning and complete her course assignments, and another one might be there at 3 in the afternoon completing hers. So, it has that kind of flexibility that we believe persons need to have who are adult learners with a multitude of roles they have to fill.

Q: How is NC unique in how it deals with nursing issues?

NC, I think, is fortunate in that we have a Center for Nursing that was created by the state, by the state's legislature. They're not many states that can claim that. This is a statewide service to all NCians because what that Center is able to do is to look at the workforce, the nursing workforce and everyone in that workforce and look at the healthcare needs and attempt to help us understand where we are, where we need to be going, what our particular problems are even in what region we have particular problems. Do we have shortages in some areas and not in others? Do we have shortages of particular kinds of persons, LPNs in some areas, RNs in other areas, nurse anesthetists in other areas, nurse practitioners in other areas. So that Center is able to serve as a clearinghouse for a lot of the data that helps us to understand what our nursing workforce issues clearly are. So I think that that's a very important resource for us. With that kind of data, we're able to, in our various institutions, and in various areas of the state, to sit down and say. 'Well, these are the things that are important here. These are our issues and let's see how we can address those issues.' But we do it with really solid kinds of data that makes it a really valid approach to what our problems are.

Q: What about broader issues on a statewide basis?

It doesn't, no it really doesn't. And I believe that the effort to bring together the senior colleges and the community colleges really was a step up and created the kind of atmosphere in education that is a cooperative atmosphere, rather than a competitive atmosphere. It's one where I believe the state has been able to help all of us recognize that there's a place for all institutions. There's a place for the community college and not everybody wants to go to a senior college. There's a place for a senior college, you know, and the options are clear and it isn't competitive, it's more collaborative and more cooperative and because you're not at odds with each other, you really are able to advance nursing over all.

Q: What is the role of NCNA in that?

Well, the North Carolina Nurses' Association is one that deals with primarily with practice issues. And of course, we do need to have someone who is attending to practice issues. We've got to have folks minding the store in several different areas. So practice issues are terribly important. The NC League for Nursing deals with education and we absolutely need that as well. So, having those bodies active in the state helps us to focus on what we need to be doing in NC, what are our issues here. For example, we're attending more and more to the fact that our population in NC, particularly, is aging rapidly. This has all kinds of implications for healthcare. It has implications for the number of healthcare workers, what kinds of health care workers, what kinds of faculties. So as we look at those issues there are ways that each institution will be able to address that. There are those who have started nurse practitioner programs in gerontology. In some of the baccalaureate programs, there is a focus on gerontology, there are more courses in gerontology. So when we're able to work together, it improves the educational program that we're able to offer and it provides for the nurse going into practice, a better

idea of what the practice setting is about and how she can or he can, work well within that practice setting.