

Ernestine Small

Q: How were you hired to teach at UNCG?

Dr. Pattie, or Eloise, Lewis, the dean of the school of nursing at that time, I would give the credit for making the decision to hire me as a member of the faculty. And that said, by making that decision, I became the, identified as the first minority faculty, at least official faculty, at the U. of NC at Greensboro. It was a real sense of accomplishment for me because I had completed my master's and I was ready for, to use that, those credentials and to move on to something different and exciting beyond what I had done prior to that. I had been a staff nurse at the Moses H. Cone Memorial Hospital for about 2 years, had a great practice base, went to graduate school at University or Catholic U. of America because I was ready. I had a restlessness to make a different kind of contribution. And so, having the opportunity to be a faculty member at UNCG, it was almost indescribable, because there was some uncertainty about that, about that decision because of the time. It was 1960, it was 1967 that I initiated that contact and there was a lot of growth yet to happen in the country related to African-Americans and working in predominantly white institutions. And it took a great deal of thought to make that decision, there were some who discouraged that direction, but I decided that for me, the risk was worth it and there could only be one of two answers, yes or no. But if I did not seek that opportunity, then the answer would be automatically be no and I just had to make that attempt. And so I think as fate would have it, there was a readiness on the part of the institution and a readiness on the part of Eloise Lewis to take that next step in terms of the program and the educational institution.

Q: What was your first impression of Lewis?

The first time I met Pattie, it was, I was instantly impressed. I explained that I was obviously a little concerned about my reception when I made the appointment and when I arrived. But from the moment she walked out to meet me, I was at ease. She was very personable, very distinguished-looking, she was always a distinguished-looking lady and impressive, articulate, warm, smiling. And she talked with me as if she had known me all of my life and was very interested in my background in terms of what I could contribute to the program and that first impression was a lasting impression. And she, it, that discovery was Pattie, was Pattie Lewis. She just had a gift in terms of meeting people and responding to people.

Q: Were you in awe of her?

Oh yes, remember I was a very, this was my first faculty appointment, I was relatively young, and not only in the field of nursing, but this was my initial introduction to nursing education. And Pattie was already well established in terms of reputation in the state and was in the first year to two years after joining the faculty at UNCG...

Q: Again.

Yes, Eloise Lewis, or Pattie as I called her, and most of us did, she was a very energetic person, very knowledgeable. And by the time I met her, she had already earned a very high reputation and recognition in the state. And within 1 to 2 years of joining the faculty, she occupied every leadership position in the state. She was the chair of the board of nursing, she was president of NC Nurses' Association, she was president, I believe, for the NC League for Nursing. And there were other commissions and committees that she served on. This was my first contact with someone professionally outside of textbooks who exhibited that kind of professionalism, that kind of leadership and dynamics. And I connected to it immediately because in some ways, she is like me. I'm energetic, I want, I like to participate, I like to be a part of things, to make a difference. So I was naturally attracted to all of that and I was very much in awe of, because she was a very astute politician, she was a great leader and she knew how to connect with people.

Q: What were her specific accomplishments at UNCG?

I was, and that was a very proud moment to be the, to be a part of something that was beginning. I was one of the first, first of 8 faculty for the baccalaureate program in nursing. When Pattie arrived, an associate degree in nursing program was in existence. The plan was to phase out that program and to start the baccalaureate program. Now, not too many faculty have the opportunity to plan a program. You sort of come in, you hit the ground running, you're developing program and you're implementing program. Now, only Pattie Lewis could get the administration to agree to a year of planning with a faculty of 8. So as she phased out the associate degree in nursing program, the faculty, the initial faculty, planned the baccalaureate curriculum, worked with the students who had identified an interest in the evolving baccalaureate program, and then positioned the school to implement the program a year later. Pattie, through her leadership and her astuteness, developed that program and to the point that it was one of the largest in the state. And, I don't think I'm incorrect to say, a point it was the largest in the state and because of her involvement nationally and within the state, the program benefited, not only in terms of program recognition, but anytime you have someone of Pattie's stature then that allows the faculty to be exposed to a variety of resources as well as ideas and that then gets infused into the program. And so it was a very, a very exciting, I'm trying to find another word to describe what it was like working with it, and I'm not overstating the fact that it was a program you felt alive in it. You felt that it was not stagnant, that because of the energy that she provided it was dynamic, it was changing. It changed when it needed to change. And that was good. Now we weren't always pleased. We weren't always excited to be making some changes, but we, it was good and it was a program that was alive with ideas and a program that stayed up-to-date and changing because of her energy and expertise and knowledge.

Q: Why was it important for there to be a baccalaureate program at UNCG?

The use (?) of the baccalaureate program simply reflected the evolution of nursing. It was the direction of the profession and of healthcare. And it, and it's no different today than it was then. As a matter of fact, today we're at a point when we need even more

baccalaureate nurses. And so healthcare had arrived at the point that nurses need more knowledge, need more skills and competencies. And the university recognized that by the foundations laid by others prior to Pattie as well, and recognized that the baccalaureate level should be the future direction of the program versus the associate degree. And at that point in time, UNCG as well as other institutions were phasing out the associate degree emphasis, or 2-year programs because the community college system was in place and that was a duplication of effort. So it was an attempt to move to a truer mission for higher, for 4-year institutions and higher.

Q: Was there any geographical reason for a need in Greensboro?

Well, Pattie does her homework as the institution would expect her to, so the need for professional nursing was certainly a driving force that supported an additional baccalaureate program for, to be supported in the state. The long-range plan also looked to the need for graduate studies and baccalaureate programs laid the foundation for graduate studies as well. There are some exceptions in that in some institutions you will find only graduate programs, but very few and even those few recognize the advantage of having a baccalaureate base. So it did meet a need in spite of the existence of other programs, the need was there and, as you know, nursing has its repeated cycles in terms of nursing manpower. We go into cycles of shortages and then cycles when there seems to be sufficient numbers. And now we are back into another shortage that seems to be somewhat different than those in the past and it may be with us a little bit longer. So the need was well documented and led to the establishment of that program.

Q: Do you have any favorite Pattie Lewis stories?

You know, Pattie had such a sense of humor anyway. She approached everything with, it was not only a challenge, but she brought to it that sense of not lightheartedness, it was a sense of, we're going to have fun with this. But fun in kind of an appropriate way. So in terms of the first class, I remember the story that Mickey was telling, well shared with you, but also I'm trying to think, I don't know how, you'd have to have been present during that time, but we all laughed about the fact that Pattie, in preparation for the first class, now I doubt if it will happen today, had all of us, the faculty, gather together and we lit, we actually prepared the uniform, the uniform for the first class. And had them all ready. And we often reflected on that time and how exciting it was. And because, we would not have thought of the idea but Pattie did. But it gave us sort of a point of reflection as we, as the program grew and developed.

Q: What about her work with Hospice?

She didn't. And I think the Hospice work is a great demonstration of that, the fact that she retired from the school of nursing, but she did not retire from life. She did not retire or retreat from contributing what she did, and so she channeled that Pattie Lewis energy into, into Hospice and doing what she could to develop Hospice to what it is today, the facilities, the service is, I think, superior to any in the state and in the country. It's just vintage Pattie. And I'm sure that there are other examples in addition

to Hospice but Hospice was one of the ones that she's well-known for. She contributed, she continued to support the school as you would expect that she would. So the Hospice example is just one that would, that represents that, that Pattie Lewis energy and interest and concern, to fill, to do her best.

Q: What was her philosophy of nursing?

How can I capture that? Pattie believed in making a difference and making an impact and that when there was an objective or a need such as to start a nursing program, to maintain a nursing program, that you do it to the best of your ability. You do what you're supposed to do when you're supposed to and you go beyond what you're supposed to if you have to. She believed in not only the program, but she believed in a community. So, she, she, in her own work, she modeled that philosophy of community involvement. She was on numerous committees and commissions within the state and within the local community and nationally. She expected the faculty to give back as well in that way. She expected the students to follow suit and so, so, not only when she was active as the dean, but it was expressed at her retirement and how she continued that philosophy and that legacy.

Q: What was historic about the Nurse Practice Act in 1981?

Well, I think that, though, it was an historical event in that it was the first time that, that the Nursing Practice Act had been opened for revision, legislative revision, in a major way in quite some time. It was historical in that not, not only that the practice that the nursing practice act was being revised but the way and, but specific revisions that were being proposed. And then I think thirdly, it was historical in that I think that, I know that the nurses in this state demonstrated a political maturity that and a political savvy that probably was not necessarily expected of nurses. And that's what made it I think, the most impressive event.

Q: What were the particular revisions?

I think the composition of, of the, board of nursing was probably the most outstanding change, one of the most outstanding change, and the, the, we, the composition, the revision of the composition created, changed it from an appointed board to an elected board and it is to this day, the only elected board in the country. Prior to that change, the elect, the board members were by political appointment. And it included not only nurses, but non-nurses and especially physicians. Now that change from an, a politically appointed board to an elected board, meant that nurses were exercising a, a level of autonomy that had not been a privilege or a right prior to that change. It also meant that nurses really were more in control of decisions about nursing than had been available to them prior to that change. And that probably was the most controversial aspect of the Nursing Practice Act.

Q: What was your position at the time?

I was involved with the change, first as the president-elect of the, a task force was established during my, my term of office as president to review the Nursing Practice Act and to recommend change and to share those changes and mobilize the nurses in the state to support it. And during my presidency, when actually, when I served as President of the NC Nurses' Association was when it was in the legislature. Now that was a real exciting time and a real challenge because I was, had the privilege of being a part of the decision-making, the planning, talking to the legislators, talking to other interested parties such as hospital administrators, physicians, the presidents of all the professional associations and it was just really a very alive and energetic time.

Q: What did you get individual nurses to do?

It really wasn't difficult. It was something about, and I think it was the planning, we developed an educational plan that we implemented which included not only published information that was widely distributed, the use of the Tar Heel Nurse which is the pub, the magazine for the NC Nurses' Association. We had workshops planned throughout the state and the, the, we responded as well like a Speakers' Bureau to invitations by the different nursing organizations, nursing groups throughout the state. And it was not very difficult at all, the nurses were very responsive and they, the number of nurses that showed up in Raleigh was a testament to the job that we had accomplished with working with them.

Q: Could you list some of the things individual nurses did?

Oh yes, we had a legislative telephone tree. We tried to describe, we tried to do it by districts as well as by each county so that each legislator had contacts within their home counties and within their home districts. We had lobbyists, of which I participated in, to make more (?) better contacts with legislators while they were in session. And whenever we identified any pocket of difficulty, we had the nurses from that district which of the and nurses from a particular district would have the most influence on a particular legislator, so we, I don't think we left hardly any stone unturned.

Q: Why is it significant that the BON is elected/

Well, we believe, and had for some time, that nurses are in the best position to decide what was needed or what was best for nursing practice and nursing education. Prior to our changing to an elected board, it was certainly to the membership, the previous membership, possible for some decisions to be controlled and manipulated by others in the state and on the board, such as the hospital association as well the medical society. They had vested interest. We understood that they had vested interest. And at times, it did not seem to serve the best interest of nursing. And as nursing and healthcare evolved, it was important for nursing to be in control of the decision-making and we believed we were and continue to be capable of making those decisions that were in the best interest of the public that we served. And that, that represented an autonomy that's important to a profession. And so, in achieving that, I believe we positioned nursing in this state to move ahead in a different way than it might have without that elected board.

Q:

The change of the Nursing Practice Act could be compared to I suppose, a breaking a type of bondage that existed in nursing in that decisions made about nursing and for nursing, historically had been and to some extent, continue to be dominated by hospital administrators and physicians. It has to do with how nursing began, and as hospital-based programs under the authority of hospital administrators and physicians. Nursing has evolved over the years to a different stance and it was very important to demonstrate that growth had occurred within the profession and that the nurses had the ability, the desire and the need to control the profession.

And that is not unique to nursing. Any professional group seeks to direct its decision and its future and nursing is no exception and needed to make that break. And needed to do it in a very deliberate and exacting way. And eliminating the membership of physicians and hospital administrators was very important for nursing. And without doing that, the symbolism of that control would have had a great deal of impact on the future of nursing. And having made that change, I think that could be identified as a specific transition point for nursing in this state that is not insignificant.

Q: How did it make you feel to be a member of the first elected BON?

It was one of the highlights of my professional career. I was very proud, not only to have been a part of that decision, that action as the president of the NC Nurses' Association, the nurses in this state paid a great complement to me by electing me as their president and then they gave me an even a second boost by electing me to the Board of Nursing. And to be a part of that history because it was not, again, insignificant, was just very, a real gratifying experience, professionally and personally. Because from a personal standpoint, it, it, I consider it a great sense achievement to be able to participate in that way. And it just suited me very well to be able to serve and to continue to participate in nursing.

Q: What does it say about NC that it was the first, and only to elect its BON?

I think it shows that NC continues to be a leader in terms of nursing practice and nursing education. Now NC, New York may not agree with us, but we claim that to have passed the first Nursing Practice Act dating back to 1903 and prior to that the NC has been a leader in terms of nursing. And after the Nursing Practice Act then, in 1903, the initial one that was passed, over the years we have been the initiator for change I think for other countries, for other states to use as an example. And although no other state has followed suit with an elected board, we are admired for that accomplishment and I think it does reflect the progressiveness of the nurses in this state.

Q: Where does that progressiveness come from?

Well, I think it has, it, it comes from the various nursing leaders like Pattie Lewis, like Audrey Booth, and Gene Tranbarger, Helen Miller and I'm going to get into trouble if I continue with the names, but just those are just a few examples of individuals who and nurses collectively, who believe in being dynamic in terms of the profession, not being satisfied with to remain with the status quo, but having a desire to, to assure that nursing in this state is first and most of all meeting the needs of the people we serve. And in meeting the needs of the people we serve, we can't remain status quo. And I think nurses in the state have demonstrated that they measure up to the task, and are willing to make the change. I think the number of nursing educational programs we have in the state represent the leadership base and the foundation that that I think benefits the state in terms of nursing. And, ultimately, nationally because many of our state nurses go on to participate as well nationally. Beverly Malone who served as president of the American Nurses' Association and other examples like her.

Q: Tell us about Helen Miller.

Helen Miller is is a, I think of her as a lady, a powerhouse, a just a model of a leader and professionalism. She's a pioneer. She did she was very courageous in terms of her career and the contributions that she made in the state. Within the program she started at NC Central, it was the first public health nursing program in the state, and the first program to offer the baccalaureate opportunity for many minorities as well as non-minorities. So, Helen occupies a very special place. She ranks right there with Pattie Lewis in terms of stature and what she contributed to nursing in this state and as well as nationally.

Q: How did her program serve as an inspiration for you in your current work?

The RN to BSN program is as I said, Helen Miller probably started the first. And that was the kind of innovative, visionary work that she was so capable of. And until very recently, she maintained that kind of inspiring energy and interest in nursing. The RN to BSN program was important and remains important today because there are many nurses who completed an associate degree or hospital based programs who have an interest to continue and advance their education and their careers and need the baccalaureate degrees and the subsequent master's or doctorate degree. And those programs are extremely important. And so Helen Miller recognized that probably much earlier than many others did and she not only recognized the need, but the type of programs because what it did, it recognized and provided the a curriculum that honored the prior work that the students had accomplished in their associate degree or hospital-based programs. Some of the other institutions had to evolve a little bit slower, but Helen Miller served as a model. And I think the kind of flexibility that she provided, she was ahead of her time. And many of us today are doing some of the things she started with the first program back in the '60s, and so she deserves the credit for that kind of vision.

Q: Was there a special need at NCCU for this kind of program?

It was because many of the minority nurses were graduates of the hospital-based and associate degree programs. But Helen's, that program that Helen started at Central was

not limited to minority nurses and many non-minority nurses selected that program to , and to continue their career options and career opportunities. That again, for that date in time was a real tribute to Helen, that she not only provided the leadership for that program to exist, but created an atmosphere and an environment and made it invitational to the non-minority nurses to choose that program.

Q: How does the public benefit from these programs?

Anytime we advance the education of nurses on any level, the public benefits because they are getting a professional with additional knowledge and competencies. Schools of nursing need faculties. Faculty needs master's and doctorate degrees to, one of the criteria for graduate study is the baccalaureate degree. But not only in terms of nursing education, but many positions in the practice arena require nurses who have advanced knowledge and skills, so the public benefits when we have individuals who have the qualifications to respond to the needs within the communities, whether it's a hospital, a clinic, a research project, a pilot project of some nature or as I said, a nursing education program the public ultimately will benefit. And that certainly is a goal, is to serve the public needs.

Q: What kind of history has NC had in terms of educating African-American nurses?

NC, I think, I don't know how unique we are, but certainly we, we share this history with much of the South and some parts other, and other parts, regions of the country in that we have a history when we supposedly had separate but equal. African-American communities had healthcare needs like other communities. And there were individuals like Helen Miller and others who wanted to meet that need. And for their, for their neighbors and for the African-American people in the state. And so, you have the Lincoln Hospitals and others like it that developed. And so we had parallel healthcare facilities and nursing programs. The, as nursing changed and society changed and the, we came to a point that we recognized the need to come together. And so, many of those nursing programs phased out and we became a part of the nursing association, The NC Nurses' Association, rather than having, being required to have a separate association. So,

we are all part of that history. And that was the only history or the only avenues that existed for many African-Americans and that is important to preserve and to recognize. And

as we enter the 21st century, we all recognize the imperatives to being culturally competent, and to recognize, in ways that probably we haven't been willing to acknowledge in the past, the distances and to be culturally sensitive and to recognize people for who they are and background, not only in terms of race and ethnicity, but other differences. So we're in that point in time that we live in a global society so that heritage is even more important.

Q: Tell us about being the first person to eat in the dining hall at Moses Cone.

Well, it was, I'm proud of that as a part of my history and as the history of African-Americans, the history of NC, the history of Greensboro and Guilford County, the history of healthcare and nursing. I've been a part of firsts, many firsts. I was the first African-American president of the NC Nurses' Association. I was not the only one, I'm proud to say, but I was the first.

I was the first African-American faculty member at UNC-Greensboro. I was the first individual, African-American to eat or to integrate the cafeteria at Moses H. Cone Hospital. When I was hired there in 1963, I, the hospital did hire minority nurses but the cafeteria facilities were separate. And patients were separated, patients, white and black patients did not occupy the same room. And the cafeteria space, the cafeteria space for African-American staff was a back room off the kitchen. Well, the board of trustees of Moses H. Cone Hospital decided that the time had arrived to make a change and to respond to the overall changes in society that were that we called integration at that time. So the, one day I was on duty and the director of nursing came to me and asked me if I would, told me about the board's decision to integrate the cafeteria, and asked me if I would be willing to go with her to the cafeteria to signal that change. I readily, I didn't hesitate about it at all to do that. I said I would do that. By that time, having lived in the South, having lived a number of experiences, I didn't have any problem, and recognized the value in consenting to do that. It was important to do that and I was glad to do it. We did it. It went off without any particular hitch because after all, I was flanked on both sides by administration, and so that signaled the beginning of a cafeteria where anyone could eat. After that I was the first, I did private duty while I did graduate studies at the Catholic University of America. And I was the first African-American nurse to, to have a patient at a hospital that was called Doctor's Hospital, in that facility. So it was just the time, it was a fact of life and to be a part of it and to make a difference and to make an impact was just something that I expected of myself, and wanted to do what I could to make change occur.

Q: How do judging someone based on ethnicity and nursing coincide?

Well, nursing is a profession that cares for people, not objects. And so that it's very important to be able to appreciate people for who they are because who we are is not, is beyond any of our control. We don't create life. And so it's rather arrogant of us to discriminate against people and to treat them in a prejudicial way. And of course we know it happens. And so, nurses are people and they're products of society and of their cultures and their belief systems. And so we have weaknesses and we have our strengths. And so it's incompatible to the mission of nursing as a profession to ignore needs of people. And when you address the needs of people you can't ignore who they are in terms of their culture and their belief system, and so it's very important to continue to strive to meet the ideals in terms of not only nursing, but not only in terms of nursing, but in the individual and the person.

Q: Do you have a Pattie Lewis story?

Oh, gosh, let me see if I can think of a specific story...

Well, I was trying to think of what would trigger the dancing on the table means of celebration by Pattie, and the, we almost never, we came to expect that that would be a way of celebrating on Pattie's part, whether it was the announcement of having received a positive decision for accreditation or the election as president of the NC Nurses' Association, or if there was a piece of the legislation that we wanted defeated such as one hospital administrator in the state wanted to exempt their usual route for preparing nurses in terms of board approval and nursing education programs, the specifications for nursing education programs, anything of that nature that was, that had presented itself to a challenge, you could expect some behavior of, some celebration on Pattie's part that would rev up the spirits of everyone else, such as dancing on the tables. That's just one of the antics that she would engage in. And she just had a way of knowing that that there were times when she needed the troops to respond and to be inclusive in terms of what was happening. And that was the way in which she did it.