

Ruby Wilson
Tape 39
Time code 9:11:14

Q: ?

A: [word, Duke] didn't speak specifically, just like he didn't speak specifically for the school of medicine either, but in his indenture of 1924, he did include a medical center with a hospital, school of nursing and medical school. So the medical school opened in 1930, the school of nursing opened in January of 1931, and the medical center was off and running.

Q: The vision for creating medical personnel for the entire state?

A: To begin with, it was the first school of medicine and nursing together with a hospital, which we of course refer to as a medical center. And first our concerns were for North Carolina, but from the very beginning there was always concern for the states beyond North Carolina, and this of course is reflected in Mr. Duke's other indentures and as he included North and South Carolina and Virginia. So that's from the very beginning, I think because individuals came from outside of the state to start the medical school first and the hospital, and then subsequently the nursing school, that they had connections beyond North Carolina. So from the very beginning, there were students as well as faculty who came from beyond North Carolina. Although, first it was a regional school, and then of course much more recently it has become not only national but also international.

Q: The diploma nursing program?

A: Well, within the first 10 years, the students were expected to have some college. They did not have to have a degree, and even from 1940, they were expected to have one year of college. Now, as far as I can remember within my own history of nursing education, I think Johns Hopkins was the only other school that required that for a diploma program. I think too that one of the distinctive earmarks of the diploma program at Duke was that it was always patient-centered, through very true clinical programs. Of course it also had the advantage of being placed within a medical center, so that the resources of the medical school, as far as the physicians, and those who had PhDs in anatomy, physiology, biochemistry, were also available. So it really was different in that it was a diploma program that was in an academic setting. And from the very beginning students could obtain a baccalaureate degree in nursing, which of course was not true in most other arenas. And at least to my knowledge Duke did offer the first collegiate programs in nursing in North Carolina.

Q: How did students get the baccalaureate degree?

A: Well, it depended on how much baccalaureate education they came with. They could enroll in courses in Women's College, because the liberal arts college for Duke for a very long time was divided, there was the men's school, which was referred to as Trinity, and the women's school, which was referred to as Women's College. So even though students were in the same classrooms, had the same academic faculty, they were admitted through different administrative offices, and their living arrangements were separate. On the whole, the men lived on East, excuse me, on West Campus, you'd better take that one back. The men lived on West Campus and these included the undergraduate men as well as the students who were in the schools of engineering and medicine. And at that time the vast majority of those students of course were men. The women lived on East Campus, which was the administrative location for Women's College, with the exception of the nursing students. Because the hospital was on West Campus, the school of nursing was located on West Campus and so were the dorms and the teaching facilities. So I must admit that the women in Women's College were very jealous of the nursing students because they lived in West Campus and had very easy access geographically to the men for dating, and ultimately marriage.

Q: ?

A: So this afforded the students the opportunity of continuing on after they completed their diploma, so that either immediately, or if they wanted to work for a while and then come back and complete their baccalaureate degree, they could do so. And this was through the division of education within Duke University. So they did then obtain a BSN, which was unique for the time, particularly, to complete a baccalaureate degree in nursing.

Q: How were Duke's nurses uniquely helped then, faculty?

A: Well, that was very true. It also meant that the students were having advantages in the clinical situation of working closely with the various physicians, and as they taught them, because in the diploma programs, a lot of the teaching initially was done by the physicians themselves, and so of course they really got to know the nursing students extremely well. And they would pick up projects and work with them, clinically, and sometimes they would have research projects going on as well. And so there were students who would work in physiology as well as within the clinical areas.

Q: Again?

A: Of course this meant that the teachers were professors and were holding not only PhDs and MDs, but they were true academic faculty, and many of them of course were involved in a lot of activities not only on campus, within the university, but also with other universities, within the region and across the country. So it certainly did give opportunity and exposure for the students to really be, I would say, much more cosmopolitan in their outlook and to have a much broader understanding and familiarity with what was going on in patient care.

Q: Why was nursing only taught in hospitals for so long?

A: Well, we really have to go back to Florence Nightingale, who we see as the mother of modern nursing, and within England, the schools of nursing were within hospitals, and as her educational programs broadened and came across the ocean to the United States, they just keep the very same developmental pattern and they were in hospitals. So begin with, really, the nursing schools were seen as a source of providing nursing labor, and cheap labor, for the care of patients. So that the graduate nurses, they moved into the teaching and administrative and supervising professions, and you would find that the nursing students were really the group of individuals that provided the core of nursing care for the patients, not only during the day, but particularly during the evening and the night. And so forms[?], almost a mere pittance of tuition, it was a way for young women to really engage in a high level of education and career pattern, and especially for those who really were wanting to relate with individuals and really felt that they wanted to do positive things for individuals in need.

Q: Disadvantages of early hospital nursing schools?

A: Well, some of them were pretty bad. Many of the students that you will talk with who were in those early schools, of course they all had to live there, they were very rigid in terms of rules and regulations, in fact some individuals, when they would say they were entering nursing school, almost felt like they were entering a nunnery, as far as the environment in which they lived, and the rules and regulations which were imposed upon them.

They very often were working 12 hours a day and then attending classes beyond that time. They may be fortunate that they have a few hours off a week, and then as time progressed and then the years went by, times certainly did improve as far as the environment within the schools of nursing, so that they really became much better and the faculty were certainly better prepared and the environment for the students improved as well as even the working conditions for the graduate nurses, because they weren't all that great either at that particular time. As far as hospitals are concerned, in [word] used to say, you know if you went to the hospital, you were going to the hospital to die, because they really weren't places where people went to get well. I mean, they were a really different kind of environment than we have known within, I would say, particularly since the '40s.

Q: Tell me about the different programs?

A: I think first you would look at diploma programs as being an apprenticeship education, which meant that as I just described, individuals came into a program and in the very beginning they had, many, most of their hours were filled with classwork, especially for the first six months. And then after that period of time they went into the clinical situation and began to practice procedures, and by the time they were living into their second year, they were beginning to be given increased responsibility for the care of patients, and to do evening and nights, which really meant with an awful lot of supervision, and as seniors, they had very few classes, so they were almost like a graduate

nurse as far as the amount of time that was available for, and not only available but they were assigned as far as patient care. And as I said earlier, this did provide a cheap labor force for the hospital. For the baccalaureate programs, those students were collegiate students, they were admitted into a college and again, of course there were initial requirements for both the diploma and baccalaureate programs, but I would say that the admission requirements for the baccalaureate programs were higher as far as not only completion of high school but where a person ranked and what kind of leadership activities they were involved in and so forth. And within the baccalaureate program of course their faculty were academic professors within the university, and the quality of the instruction had to measure up to the academic standards within any particular university. It also meant that students were, the nursing students were in classes with other university students, especially as far as the liberal arts and the basic sciences were concerned. So of course they had to be able to compete favorably with students so that the academic requirements for admission would be the same for all students, whether their major was nursing or whether it was psychology or in a social science or a basic science.

Q: The difference between a nursing student and a student nurse?

A: Within diploma programs, they are student nurses, because they essentially are working as a nurse but at a student level, and they are working under supervision, but in an apprenticeship fashion, and they really are not given the same recognition and expectations I would say in this respect, as a student, because we really look at a student who is one who is really a person who is enrolled in learning, and a lot of the learning in diploma programs really was by trial and error. It was also by procedure, I mean, you were really taught procedures stuff, A, B, and C, and A always, or B always came after A and C came after B. And C did not come after A and that's the way that one was supervised. So that in many respects, students were really not taught to think for themselves, and there was not as much problem solving because it was all done very much through rote kinds of procedures. And as far as a nursing student is concerned, then nursing becomes the adjective and describes the student, so whether that person is a learner in psychology or in chemistry or in medicine, it means that they are a learner of that subject, and so there's much more freedom in terms of how they go about their learning activities and there is also an expectation of problem solving and of thinking and decision making and knowing that there are alternatives, so that to me that's, there is a very definite distinction and I have to admit that when, even today you will hear students refer to themselves in baccalaureate programs by saying that, "I am a student nurse," and I immediately correct them.

Tape 40

Q: Again?

A: Well, in my way of thinking, student nurse applies to the diploma programs, because they are enrolled in an education that really is very much apprenticeship. Now I must say that

some of the diploma programs are really not that way within recent years, but that is certainly the way that they evolved. And so within apprenticeship, as you well know, you are working with a mentor and you're being closely supervised and you're essentially being told what to do, and so it reflects very much the pattern of that person. It also means that you are 'doing' really, rather than 'thinking', and making decisions on your own, and you don't have as much flexibility or opportunity to decide what it is that you are going to learn and how you are going to reflect that learning in your professional behavior. For the nursing student, that I believe refers to the baccalaureate program students, it means that that person is an individual who has chosen nursing as a subject to study. And that they have much more flexibility, they take advantage of the various resources that there are for learning, they really can look at a number of mentors,

they can make decisions as to what they want to choose as a way to solve a problem, and to move ahead with that and to reevaluate what they've done, and perhaps the next time to choose an alternative method.

So I see it very much as a continuous learning experience.

Q: The short version?

A: A student nurse is one who is involved in a diploma program in an apprenticeship type of education, where they are very much told what to do and don't have as much of an opportunity to decide what they're going to learn and how they are going to implement that in their nursing practice. A nursing student is one who has chosen nursing as a subject to study and is taking advantage of all the opportunities, resources, there are for learning about that subject, making decisions on their own as to what alternatives they are going to choose in a problem-solving way to practice nursing.

Q: ?

A: I believe so. Of course as you are aware, we don't have just diploma and baccalaureate, at the initial level, we have diploma, associate degree and baccalaureate. And I have to admit that I really have never endorsed the associate degree program as an initial program for preparing nurses for clinical practice, because I just don't think there is enough time for a student to learn all that their [word] should be obliged to learn, in order to take the responsibility of a human life. And for that reason I have to admit I, I have to admit I even feel that the baccalaureate programs often fall short as far as the length of time that I believe is needed. But we, of course say that we are just preparing them for initial practice, and what of course has been at fault within the work environment is that many people had been so used to the diploma graduate coming out of the apprenticeship hospital kind of program, and they are, they're ready to run as far as assuming their responsibilities as a graduate nurse clinically speaking. Whereas, a baccalaureate graduate really does need to have much more support and guidance in terms of their only being ready to start walking rather than running when they graduate.

Q: How's nursing responded to shortage historically?

A: Well, it's not just in terms of how nursing responds, it's really in terms of how hospital administrators and physicians expect nurses to respond. It's almost like when you have a woman who, as you know in earlier times most women after they were married were at home and were homemakers, and now we have women who are very much in careers that are also homemakers, and it just means that there's more responsibilities that have been added and they are expected to achieve the same end goals as, with less time and with less capability as far as not being able to spread themselves so thin. Same thing is true as far as nursing is concerned, **nursing is the only group of health providers that takes responsibility for patient care for 24 hours a day, 7 days a week. I say physicians visit the hospital, and they do.** All the other healthcare providers, they usually come in around 8:00, 8:30 in the morning, leave at 5:00. Now there are individuals who are on call, that's true, as far as whether it's respiratory therapy or [word?] physicians, but it means that as far as a full staff, **it's nursing that carries the load. And whatever happens, during whether it's day, evening or night, the nurse has to pick up and assume that responsibility,** whether or not there's a full staff, if people are sick and they don't come in, it doesn't mean, as I used to say to one of our head physicians, you really don't make patients well at 5:00 and then allow them to get sick again at 8:00 in the morning. It means that the intensity of the needs of the patients continue for that 24 hour period of time, and as a result, when there are shortage of nurses, it means that that situation, which I have to admit I really don't know a period of time when we have all really had enough nurses, that it just really becomes much worse, and it's increased. and whatever responsibilities for whatever healthcare professional, because the patients' needs are uppermost as far as the nurse is concerned, and she or he will do whatever it necessary to try to [word, ameliorate?] those needs, whether it's in housekeeping, whether it's as far as food is concerned, or whether it's really in terms of spiritual, emotional and physical needs of a health situation. So that it means very often the work of others really gets pressured onto nurses. And just like in this current situation, where there have been a, there has been a drastic decrease in hospitals staffing as far as registered nurses are concerned. So that really is a money crunch, and so it then means that the nurse is responsible for the same number of patients, in fact a greater number of patients, with again maybe even increased needs, because the intensity of our healthcare needs just keeps getting worse, not worse, but increases all the time in the hospital, and so if you have, unlicensed individuals this means that these are people who have come in off the street and you know have been trained again in an apprenticeship type of training, but they really don't have the ability to pick up on the nuances of, observations of a patient's decline, where a nurse does, and so that you can then interrupt and intervene early so that that symptom doesn't really move on to becoming a very serious one. And so nurses really you know they have worked with that, but many have left their situation because they say, "I cannot do it. I have done as much as I can do and I can't go home with a clear conscience any more."

Q: The difference between 'functional' and 'clinical' masters programs?

A: **Our first masters programs were functional.** It was thought that after one was prepared to enter nursing, that apparently that was all that was necessary, and that as one operated within the environment, especially at hospitals, and then later on as public health departments, that there had to be administrators and supervisors. And then of course in

order to have more students coming along and becoming nurses, there had to be teachers. So the functional groups came to be known as administration, supervision and teaching, and it was really that way that nurses made a, or progressed through their career as far as looking at upward mobility. And it was not until the late '50s, when Thelma Ingles, at Duke University, actually I was one of her prodigies I am very pleased to say, we had many a Sunday afternoon dinner when we talked about nursing and the future of nursing. One of the things that we discussed was why not have an additional level of preparation for clinical nursing for nurses, and for that to be at the masters level. So that there could be more specialization, there could be a deeper knowledge known of certain symptoms, interventions and so forth, because certainly even as we look at other fields, there are levels, I mean they would move on within their same subject area, but go on to graduate school at the masters and the doctoral levels. So as a result of that, and also she did spend a sabbatical year with Dr. Eugene Studd[?], who was chairman of the medical department of, within the school of nursing at Duke Medical Center. She was able to identify herself knowledge that she didn't have that she really identified to be very useful in terms of assisting her in an advanced level of clinical practice. So that is how the, looking at advanced clinical practice, came into being and she was responsible for developing the first masters clinical specialization programs I guess not only in this country but I guess since we are really the pace-setters, the United States, I would just say the world. And she did have a Rockefeller Foundation grant for five years to develop that program here at Duke.

Q: How did patients benefit from a nurse with a clinical masters degree?

A: Well, as I just referred to, the kind of knowledge that the individuals develop, they actually were moving into having at some times as much knowledge as physicians had as far as various clinical science and symptoms were concerned, and also complications, reactions to medications, complications following diagnostic tests or surgery. And again as I stated before, with nurses being with the patients 24 hours, they're the ones that are at the bedside, and they really are the eyes and ears also for the physicians, because the physician is not called beyond his visit unless the nurse calls him, and so she's the one that really picks up and knows when there is an intervention that really needs to be done by a physician rather than by a nurse. So to the patient's advantage it means that there is an earlier recognition of something going wrong and being able to fix it before it gets even worse.

Q: What impact does the clinical nurses program at Duke have on other programs?

A: To begin with, it was the first clinical masters, and as all educational programs are accredited by some organization, the academic baccalaureate and higher degree programs are accredited by the National League for Nursing, and when we were visited for accreditation after inaugurating this program, the League as we refer to them, did not see it to be within the confines of what were the programs that they were accrediting, and so they really didn't quite know what to do with it except to offer non-accreditation. And this of course upset us because we really felt that it was a program that was on the cutting edge and moving forward, especially in terms of improving patient care, and it is the

responsibility of private universities and, to be on the cutting edge and to investigate and to try out different ideas and programs, because they are not supported by the tax dollar. Now, it's much more difficult for state universities to do this. So if you really look at the project within higher education throughout the country, you will find that it's usually the private schools that have any, [word] it's a responsibility that private schools have as well as a privilege, and, although this is not to say that there have not been many advances that have been also made within state schools, but something as major as this to really leave the tried and true line, you really have to take on, you have to risk-taking, you have to be sure about what you're moving with, because you certainly don't wanna fail either, and so it was something that of course we very fervently believe in. The university officials said that, "If this is what you believe and what you really feel should be done, we support you. We don't care whether the program is accredited by the League or not." Well, that was okay for a while, but our students were also graduating from a baccalaureate program, and one of the admission requirements for their moving into a graduate program in another university, is to graduate from an accredited program. Well, of course the baccalaureate program was accredited, but it also meant that we certainly wanted the masters program to be accredited too. But it was not for a number of years. What happened was, Miss Ingles and I accompanied her on a number of the trips throughout the country, and we did give presentations from east to west, north to south, Canada as well, as far as the clinical masters program was concerned. There was much interest in it, and there were other individuals who were willing to be a bit risk-taking like Frances Rider[?] in New York and Lebo[?] Hasenplug[?] in Los Angeles. And they began to incorporate these ideas and before we knew it we did have some other clinical masters program developing. And the League had to sit up and take notice, that the major schools were beginning to develop this type of program, and eventually, not only did our program become accredited and become a pilot and a leader school within the clinical specialization programs, but it also meant that it became what, well, actually we almost have a non-existence now of functional masters programs. And that was not the intent to begin with, it was really felt that we needed all of them, but because the clinical masters really was seen to really fill such a dire need, so many of the schools really moved almost wholesale to the clinical masters programs and left behind the functional aspects. Now we're seeing a pick-up of the functional masters programs again.

Q: What's the biggest challenge?

A: I think not only do we have the need of filling positions that are going empty right now, and this is in so many arenas. One of the great things about nursing is that it provides so many opportunities for individuals to practice, from the prevention of disease and various conditions to intervention, to cure. And also to support individuals as they may leave this earth. And it's not only just the individual but it's also their significant others, especially their family members, their friends, neighbors, so and that of course moves out into small and larger communities. So that we no longer just have nursing that is within buildings, even those we're having more and more of that as far as in assisted care, and in nursing homes and in hospice related clinical environments, but we're having more and more opportunities as far as schools are concerned, within what's now referred to as the clergy and pastoral ministry nurses, and of course many areas as far as prior to situations

developing as far as role change, for example as far as parents are concerned and individuals becoming parents, whether they are having children themselves or what we're seeing more and more now as far as adoption and not just adoption within our own country but also many children coming from Romania and other countries being adopted. In addition, I have a concern for the future of nursing as to who are going to be filling those positions, because I am afraid that with the current environment that is becoming fairly well known in which nurses have been practicing in the last few years, that it does not entice the individuals to enter nursing as a profession and that really concerns me, because we really need intelligent, thinking, committed individuals to come into nursing to take care of people, no matter what their situation is and no matter what environment they may be found in, because one does not really realize how much this hits home until you are that patient or a member of your family is, and then you realize where the lack is, when you're moving into whatever the environment is, and there is not a nurse there to really provide all the support, the interventions, and the use of knowledge and decision making that is really necessary.

Q: Helen Miller?

A: I know Helen Miller from North Carolina Central, certainly as far as her being a colleague in our District 11 or NCNA, and also Helen's program got into a bit of difficulty at one time as far as accreditation was concerned and she came to us to ask for assistance. And we provided not only some of our faculty but some of our graduate students to assist in the teaching in their program to help them as far as being able to maintain and regain their state and their national accreditation.

Q: Her accomplishments?

A: Helen was certainly a very professional person, and of course as you know within the state we had segregation until 1966, and Helen really never, ever would look at the black and white issue and put blame on that. She really felt that individuals had to measure up, and that there were standards that had to be met. That we were all within the profession of nursing together and that we needed to work together and that, and she was one that certainly provided leadership among the black nurses and I always have high regard for Helen.

Q: This was the first state to pass a nursing law?

A: Well, there are many arenas in which North Carolina has been a leader in nursing, and I think that this is just one of those, and it certainly was one of the first. And I think again what it is saying is that there are standards, there are standards that really need to be promulgated, they need to be met, we need to work in order to be able to meet those standards and to not only hold to them but to improve upon them. And I think that that is one of the things that North Carolina did, with being able to establish regulations and standards for the first Nurse Practice Act, or nurse registration in North Carolina.

Q: Other NC firsts?

A: Well, you know we were a leader in AHEC[?], we have been a leader as far as the nurse practitioner is concerned, we have been as far as public health nursing, with doctor Dolans[?] certainly providing leadership from UNC School of Public Health.

Q: Again?

A: I think that nursing in North Carolina has shown its leadership in several areas, not only within this area of having the first Nurse Practice Act, but more recently we have been a leader as AHEC is concerned, we are the first state to have the entire state covered as far as AHEC activities, 100 counties, and nursing certainly has been a very strong leader within that program. We've also been a leader as far as public health nursing is concerned, and very much through efforts of Margaret Dolans from UNC School of Public Health, and then more recently as far as the nurse practitioner program, not only with the certificate but also with the degree preparations. So I think that it's not unusual to have nurses across the country look to see what is going on in nursing in North Carolina, because we are known to be leaders in nursing.

[end of interview]