Audrey Booth (tape 1)

Q: What inspired you to become a nurse?

Oh, John. That is a great question for a nurse, but I don't have the great nursing answer. Because I went to college first and I majored in English and there was an inspiring thought that came to me which was 'You can't make a living with a baccalaureate in English. You need to do something else.' But I had a very wise science teacher. I did major, uh, minor in Biology and she happened to know of all of the nursing, the two major nursing programs that were taking nurses with, uh people with baccalaureates into the program. And she revealed that to me and I said, 'Of course, I want to be a nurse.' But I'm not one of those people who grew up playing "nursey" things. But it was a good choice. I went to a great school and really provided me with a good background for the very, the big variety of things that I have done.

Q: What inspired you to go to graduate school in nursing?

Well, it's related to that same answer actually. I went to Case Western Reserve. I was admitted to Yale and Case Western Reserve, but I, because of great scientific thought about selection of schools, it was closer (laughs), so I went to Case Western Reserve. And you get a master's in nursing. It's a basic master's in nursing and then as I went about being a nurse in the world, I realized that people were really overestimating what that degree meant. You know it was like you had a research degree and graduate degree in clinical nursing which I didn't. And so after being promoted too fast into responsibility that was really beyond me because of my degree, I decided 'I better fix that.' I feel like I was masquerading so I did go to graduate school and of course that graduate program at that time was when they were either in education or in administration so I still didn't add a great deal of clinical experience or confidence to my education. But that's why I went to graduate school.

Q: You were in the first class at Chapel Hill. Please talk about that.

Yes, I was in the first class here in Chapel Hill, and in fact, that's why I came to Chapel Hill even before the program opened. I had read in some of the nursing journals that it was going to be opened, and I knew the person, the name of the person, Elizabeth Kemble, who took the position as dean. And I thought, 'Well, I'm going to do this. This is a great school.' I knew enough to come and establish residency. So I worked here for more than a year before I went to graduate school. And of course, I thought I would be in a class with other people, and it turned out that I was the one that year - which places a great deal of responsibility on the person. I think somebody else started with me, but for some reason did not continue. On the other hand, there were some advantages to that because everyone was so keen to have a nursing graduate program that the administrators in both the hospital and the nursing department all participated in appropriate seminars and my graduate statistics course was taught by Bernie Greenberg before he was the dean of the School of Public Health. But I had some really great experiences because there was such a great drive on this campus to make that a successful program.

Q: Why was there an emphasis placed on creating a masters in nursing in Chapel Hill?

Well, it was only a few years before, you see, that they had established the baccalaureate program, the four-year the baccalaureate program. One of the reasons, of course, for that was there were many hospital nursing programs in the state whose faculty members had no place almost in the South to get an advanced education to help them be better teachers so that was one of the reasons. There were very few, in fact maybe no graduate programs in the South. And I remember there was a group of people that banded together called the, it was The Southern Region Education Board which, of course, exists still and the nursing people worked on establishing graduate programs in the South and this was one of them.

Q: What was the difference between Carolina's program which started in '55 and Duke's program which started in '57?

Well, I did already allude the fact that the mode for graduate programs at the time was either administration or educational teaching practice and teaching, educational administration. It wasn't going in the clinical direction. Duke was very far-sighted at that time. Their faculty member Thelma Ingles and Dr. Eugene Sted, who was chairman of the Department of Nursing, were very interested in involving nursing in more advanced clinical kinds of practice. And they did develop that program very soon after that and as an educational program it was highly successful. Often our regulatory kinds of bodies don't try to keep up with what are appropriate trends at the time and all graduate programs in nursing needed to be approved by the National League for Nursing and they were not quite caught up yet. And, so approval of the Duke program was problematic, which was a shame because it was very going in the right direction and soon other programs were following their very wise lead.

Q: How did Duke's clinical emphasis influence Carolina and subsequent masters programs in NC?

Well, I think it was not only Duke, but I think Duke led the way for other programs nationally and people began to realize that yes, clinical practice is very important and we need to be educating people in that direction. Fine, administration aspects are important, management is important, but it needs to be a combination. I had somewhat of a combination which we, which I was given leeway to help create. I'd been a pediatric nurse before and I did my thesis in that area. And in that way there were some likenesses, but I was not nearly in the clinical tract that Duke was teaching at that time.

Q: Why has it been important for nurses to engage in legislative activity?

That's a great question. I guess we'd have to go back to Mary Lewis Wyche who had the best realization of how important that was. That in less you have some guides, and I'm afraid we shorthand that to rules and regulations, to protect the kind of care that the public is going to get through quality education, let's say, the public might be in quite

dire jeopardy. And so whenever we want to make a change in practice, usually it's legislation-destined, often has to come into play. Of course, continuing education and teaching people the proper approaches and techniques are extremely important, but if it's not required, there's nothing to say that the practice world people are going to be prepared like that. And we have tried to be aware of that over the years and I know that you'll hear from others in your course of interviews who've had a great deal to do with legislation that has made a great difference in practice.

Q: Could you please answer that question again, maybe in a more concise manner?

Well, I think we could think about that from early years. Nursing arose in this state and many others through sort of indentured servitude in hospitals in a way, people came there to be educated about nursing but they also performed all the service that was put forth in that hospital and if the patients needed care at the moment there were no such things as scheduled classes, they sort of took second choice to the work that had to be done first. And if you're ever going to make sure that the product comes out with some resemblance of each other then you need to have criteria and curriculum and time and all of those things that go into it.

Q: What is the significance of NC being the first state in the country to pass a nurse registration law?

Well, I think probably the significant thing is the woman that came here and set her goals to not only accomplish that, when you look at what that woman did in a matter of two years she got a practice act, an association, she established a school at Rex and the next year, she established one at Watts in Durham. What a whirlwind. That's just unimaginable.

Q: What was the force of her character?

Well, I think one of the things she did very well was to be able to assemble people, get their attention, and if she didn't get it the first time she was able to think of ways to attract them to another meeting to say well what's going on here we need to get together over these things. There's not a great deal of information about her personality, but it comes through to me that if she did all of those things in a matter of four years, she must have been a dynamo.

Q: Why were NPs necessary in NC and in the entire country?

Well, one of the things in NC of course was there was quite shortage of physicians. Being a really rural state, we had not adequate physicians. That's one aspect. Another is nurses are prepared to deliver a great deal of very important care to the individual patient, not necessarily medical care, but there's an assessment of what might be wrong with that individual, quite a bit more time often was spent by the nurse who maybe had been giving physical care to the patient and able to do a more complete assessment. And we began to realize that those two things could be combined, that we should be utilizing

nurses, and I hate to say nurses that were not as expensive in their delivery of care because I think that's unfortunate, but we began to think about how to prepare nurses to give care that had some medical aspects and to be able to get that distributed more fully across the state because we had a great many nurses in local communities, many of them had been working with physicians for years, that already had their relationships, their local acceptance, the fact that they were going to stay there because those were their homes, that were very positive factors for us.

Q: What was unique about NC that made the NP movement possible?

I think the unique factors about the state was we had a very small population, we weren't particularly wealthy, we had to talk to each other to make the most out of what we had and I think that is the case in the university, the med school, the educational programs that were going forward. And then we brought ourselves more together because we had federal funding for the regional medical program which started in about 1968. And there was a pot of money, project-oriented around heart disease, cancer and stroke, the diseases of presidents, and we had a pot of money here in the state. The medical schools, the various communities participated in it. We began to say. 'Oh, we do need nurse practitioners and as a group we can organize committees to plan curricula.' Well, you can plan curricula forever, but unless you really have all players involved – physicians, the nurses, health department, the universities, it isn't going anyplace. But we did have that and they did prepare a great curriculum for pediatric nurse practitioners that was born with, you know had acceptance. The university here and the school of nursing and the medical school looked at this and said, 'We can work together to provide a new program.' There was a little pediatric nurse practitioner that was more of a continuing education over three months program, but we can develop a nurse practitioner program. I believe we called it a family nurse practitioner program. Since that time, of course there have been many varieties and subsets of that that have developed. But it came out of that first little committee and then – CUT

Q: Please give me a summary statement of the communication between leaders in the health care business, the communities and the politicians.

Well, we'd had five years with the Regional Medical Program funding to work together and then the area Health Education Center monies came through and of course that meant that we had to have matching monies from the state, so we became very much involved with the legislators at that time.

Q: Again

The Regional Medical Program was in effect for five years and a lot of physicians around the state and in the universities, Wake Forest, here, Duke, were all involved in that. We were talking to each other a lot. The nursing profession was very much involved in it over the state. The funding then became AHEC funding and it needed to have matching money from the state legislators, so of course, we became very well acquainted with the legislators and for them it was a real bargain to be able to set up an educational program

for health care workers in what ultimately became nine regions in the state, was a real opportunity. They funded it in the beginning and increased that funding until the federal is almost totally gone at this point, but the AHEC program has grown to be strong and very well supported in nine regions around the state. That brings education to health care people right to their back yards, practically. It was that kind of communication that allowed us to go forward with the nurse practitioner program. Here on this campus, very much in the beginning, and we had AHEC to help us take it in the other areas of the state, through other baccalaureate programs in the state and through the mountain AHEC also, so there was a great deal of, we prided ourselves on our ability to be really in close contact so that we didn't have different curricula, that we were not confusing the world with 'Well you're doing this kind of person but the link is different here.' We had pretty much standardization, in fact, we used to have this little saying, I think it was called 'controlled diversity' which is something we liked to talk about back then because people did have to have their own opportunities to put their own stamps on things, but not too far from the standardized curriculum and testing that we developed.

Q: Why was the UNC school of medicine especially equipped to help the NP movement?

Well, I think one of the things that was unique about it was Issac Taylor, the dean, very much a receptive, team player. And he really collaborated with Lucy Conant, the dean of the nursing school, with Margaret Dolan who was across the street at the school of public health and a national leader. They had a lot of conversation and they brought in very good speakers from other places in the country. When Dr. Louis Welk, a famous nephrologist, medical practice mentor on our school of medicine faculty became a great supporter of nurse practitioners, we knew that that was one of the greatest stamps that we could put on it. People listened to him, he was very much a clinician, not a primary care physician, but realized the importance of this direction.

Q: Please talk about the small group of physicians at UNC who were interested in primary care and nurse practitioners.

Well, Glenn Pickard was not the primary care department, but was very interested in community and was very interested in the development of faculty relationships in working with Judy Watkins and then later with Cindy Freund in doing a practice or a demonstration project I would say and then to develop the Prospect Hill area which is not very far up toward the VA border here which was a small community without a physician after many years of having Dr. Warren up there. And they began to work together with some federal funding folks on a project to demonstrate nurse practitioner practice, together with supervision in that setting. And it became one of the governor's rural health programs, one of the very first ones I think and when I say governor's rural health you realize that that started with Gov. Holshouser and then later Gov. Hunt continued that and James Bernstein was the man that was the point man for both and has continued it to this day.

Q: What was the initial reaction to the NP movement?

Well, fortunately we were a very tight knit group so we could tolerate opposition because we got a lot of it. Well, physicians far out were very skeptical about it, even though there was a shortage, it implied some competitiveness that did not have a great ring at that time. Other nurses around the state thought 'Well, what is this elitism that is coming forth here with nurses from our communities and coming back after 6 months and continuing their practice program here but now they are nurse practitioners? I do those things, what's different about that?' In our own faculty here in the school of nursing, it was kind of like there's a new baby in the house, and that means oh there's going to be competition for money, faculty, space, commendations. All of those things may be threatening to the program that have been good programs all this time and continue to be but here we have this new concept. We started this as a certificate program, in other words, it wasn't an academic program in which you got a master's degree as we do now. We started it as a certificate program because that's where we could - we wanted to recruit the nurse, the indigenous nurse from far, wherever, Sampson County, Boone, that had been practicing with a physician, perhaps in a physician's practice and was already accepted in the community, the physician already knew this person, became less threatening. They could come and achieve this in a small, more brief time and could go back and begin to implement this kind of practice. It gave us a chance to develop curriculum, measure acceptance, measure opposition, which is just as important, and we had a lot of help from the AHEC system, Glenn Wilson, Glenn Pickard was very much involved there too, in anticipating problems, putting out brushfires and in really helping the program go forward.

Audrey Booth 2

We were one of the first programs who had a nurse practitioner program, one of the earliest in the country, and naturally when our faculty went around to national meetings, they were very much the experts who were giving papers and answering questions and being in the forums and discussion groups and they came in for a great deal of criticism. Why would you start such a important thing with less than a master's program? And of course, the reason was we could have the most wonderful program in the world, we could really educate terrific practitioners but if they didn't stay in NC, if they weren't accepted here, desired here, recruited here, what have we done for our state? And we didn't want to educate those people for Pennsylvania and other places that we knew they would really be hot property so that was one of the reasons that we made sure our product was tested before we then and we satisfied some of the most urgent needs around the state. Then we began to change to a graduate education program and I might say, that that was not without its problems also. People in the AHEC program whom I respect tremendously did not want us to switch to the master's degree, wanted to keep it a certificate program and continue to take it around the state. Don't think I've spoken about that aloud before, and certainly not in this setting, but from the nursing standpoint, we felt it such an important role that it needed to have the research component that came from a master's education to go with it.

Q: How did local communities respond to NPs providing primary care?

Well, I, to the best of my recollection, quite well because of course they were there with the physicians that they had gone to in many instances for years. Now in the new governor's health care regions and clinics they had nobody before, so this meant health care when the nurse practitioner came to this area and with a physician who was providing as we said, quote back-up end quote, and close supervision and frequent communication and guidelines for practice and eventually formularies for ordering certain drugs that were appropriate for their practice. And I guess one of the things, I might add a personal note to that, is that you know that all happened about almost 30 years ago, 25 to almost 30 years and now that I'm 76, I'm really pleased that I have a nurse practitioner who is my first line of health care and Joan does a tremendous job and of course, I have a physician available , but that is the first person that I contact about my particular needs or I 'd like to say wellness as well as illness.

Q: You were not a NP yet you worked tirelessly on this movement. Why?

Well, why did I even have the idea probably in the first place? Most of my nursing early on was in pediatrics and most of it was as a middle manager, and I told you I didn't have a great deal of clinical in my graduate program, but at one point I decided I needed a different kind of experience, and I ran away from UNC and I went over to Durham where I was recruited for a position at the Veterans' Hospital in starting a hemodialysis unit and that was when it was very much a pioneering thing. And Ruby Wilson who later became the dean at the Duke University School of Nursing was a clinical specialist and was my mentor and taught me what to do in this particular field. And I worked between the Duke Hospitals and the VA hospitals and I was amazed at the sort of autonomy that we were not only allowed, but we were pressed into - to make decisions about fluids and some recommendations for a number of patient treatments, how long we did the treatments, and my eyes were quite opened and it was even fun and interesting and a very great sense of responsibility. I only did that about three years, but it led me to know that there's a great big world out there that nursing could be doing a great deal more in than we were participating in, so that was my major thing. Then I went out the Regional Medical Program where I worked for 5 years staffing these committees where we had a newsletter and I found out that you can be really influential with lots of people behind you and when we began to have proposals for legislation, I was appointed to some of these committees and when we needed somebody on the Board of Nursing, lo and behold, I was selected as the person who might be appropriate for that. So I became I politician through my experience in other places and enjoyed it a lot and was in the position to be in close communication not only with the people who were running the programs but with the nurses out there in the practice settings who were applying to these committees for approval. And it gave me, there was never too much communication then. We could advise them and help them and coach them in the ways they could be successful and that was fun, and back then there were maybe 180 and now there, it's beyond coaching many more and they have made a very successful place for themselves.

Q: What should people know about NPs and Prospect Hill?

Well, I think that was the classic case of there'd been a physician there, Dr. Warren had been there years and years and years. Prospect Hill is just a crossroads, but people came in for miles to be taken care of by Dr. Warren. When he left, they were bereft. They built a clinic thinking, 'well, we'll get another doctor'. Well, a clinic didn't draw another doctor, and I don't want to leave you with the impression that that was a simple development because they had to get funding, they had to get a compact agreement about the experience in the practice setting, it took a long time to set it up and of course the governor's rural health program provided a great impetus to that as well as federal funding that went into it.

Q: How did AHEC help to increase primary care in these underserved areas?

Well, they increased primary care in those areas because they had a large number of physicians' residencies, I believe you would, in those outlying areas, I think it was something like 300. That was a great opportunity for physicians to be able to have some experience in areas that they would not have likely had experience in if they were educated at Duke, or here or even Bowman Gray. People tend to stay in the populated areas. And the other thing was that the NPs began to be educated in a number of areas in the state in these programs which distributed them as well. I think those were probably 2 of the major things. And they tended to stay there because AHEC was providing them with the kind of continuing education that they needed in the outer reaches of the state. Everybody can't come to Duke for their continuing education, but if we take it out to them and now if we have programs developed for them and internet kinds of things and other communications, it makes them a very attractive, much more attractive place to work.

Q: What was unique about AHEC in NC?

Well, I believe that that person's name was Bill Friday. I think that came out of Carnegie Commission reports and it doesn't hurt to have those commissions be populated by the leadership from our own state and that was true with Bill Friday and that commission. It was true with Margaret Dolan and some others that benefited us greatly. Apparently they recruited the right people that had the real pioneer spirit. You had to be wheelin' and dealin' to get that program on the road. And it was fun. I think it probably got to be less fun as it became more formal and more defined and the regions were laid out. But we had a great deal of fun in the early years as well as achieving some very remarkable gains.

Q: What is the difference between a diploma nursing program and a degree nursing program?

Well, I think I would like them to know first and foremost that the degree nursing program provides some liberal arts background, some education for living as well as the kind of scientific education that people need to be able to give good care to the public. Its a combination. These days we are making so many varieties of ways to get to a baccalaureate education that it's not nearly the clear-cut answer that it used to be. It was

either/or. It's not either/or now. We have not only diploma programs and people who go on to baccalaureate completion degrees and that's another thing that AHEC has worked all over this state to enable people who were educated as diploma nurses to achieve their baccalaureate education and a different appreciation for practice and the kind of research that goes into practice and decision-making and assessment, maybe things they might not have had an opportunity for in the first place. We have not only that, but we have ADN programs. People who may have liked to go to a baccalaureate program but they weren't in the right place at the right time in their lives, they have other responsibilities, so they start in nursing. Now we have completion programs to help them do that. It's a long road to take, but many people have taken the long road in getting to baccalaureate education. And of course, I'm sure there are some of them that think that, 'I not only finally achieved my baccalaureate, but now you say masters education is important to the nurse in practice.' We've tried to make that available to them, too, not only in clinical areas in the school of nursing here and other baccalaureate master's programs around the state, but the school of public health has done the same thing. Off-campus programs to help people to be able to achieve on a once-a-week basis or a year or two or more a degree that becomes very important to the kind of practice they are able to deliver in more regional areas.

Q: What is the distinction between training and educating nurses?

Well, that's an interesting question, John and it's been a burning question and sometimes it's a political question. I think it was the hottest issue along about 1957 and 8 and so forth when there was a large population of nurses who had been prepared as diploma nurses and hospital schools preparing them and when we began to have baccalaureate education it was the kind of either/or and everybody always said in the old days you trained nurses, you trained them what they should do with their hands, how to do dressings, how to give injections, that's training. As we began to broaden the concept to say well nurses should have, they should know about history and art and English and so forth, we began to add the term, we changed it. We talked about educating nurses. I think we were rather extreme about that, but it was important back then. And now I think it's more melded together. There are aspects of training, and there are aspects of this little softer term, and maybe it's thought of as an elitist term of "educated" and so it's still a very sensitive topic.

Q: Who are your NC nursing heroines?

Well, of course you know that I have been acquainted with many of these heroines only through this experience as we thought about the history of nursing. I think Lydia Holman must have been quite a person. I believe she's the one who practiced primarily in the mountains and again she was a nurse practitioner through and through. She was totally independent. She was not particularly welcomed with great pleasure by local physicians and well, she just was a woman of great spirit. She must have had unending energy, I don't know where her sources of support came from, you certainly couldn't get rich doing the kinds of things she did in those years.

Q: Who else? What about Margaret Dolan?

Well, she was a tall, attractive woman always impeccably turned out. She inspired confidence, she spoke well, very charismatic. She was the ultimate politician. She knew her audiences, she knew her facts and she was able, I mean to think of all the things that she was elected to, I mean she was very highly respected. President of the American Nurses Association, president of the American Public Health Association and 2 other organizations that were equally important in her professional life in a very rapid course of time. And Chapel Hill was a pretty small place back then. Of course the school of public health has always been one of the nation's showcase schools, there weren't very many. And she was, her post was there and that gave her a great deal of presence in the country.

Q: How did her public health mindset nursing throughout the state?

Well, I can think about her international experience. I remember when she came back from Russia. I think she was probably president of the APHA then. She had seen barefoot doctors at work, indigenous workers in their local communities without a great deal of education but really well trusted by their community folks, being able to deliver and good health care and wellness education. I mean water problems and parasites and all of those things were questions there. She saw how it worked there and it further confirmed her belief that public health nursing could be expanded, that family nurse practitioner was like that kind of practice. She inspired me with that, I remember it very well. And it was long before, quite a while before, we began to have the talks at the Regional Medical Program.

Q: Why does nursing need public advocacy?

Well, I think the public stands to profit a great deal as far as health care providers if they could identify with nursing and realize that they have a responsibility to help them deliver better practice. One of the things is nurses are not very good advocates for themselves. You may not know it from my conversation, but most of them are very modest and they are very busy working, they're very busy taking care of their family, we haven't unionized in the South – that's a very new concept, so if we're not advocating for ourselves, then who else is going to do it for us? It needs to be, the logical people are the recipients of the kind of services we are delivering. I remember something I learned in this process and it had to do with salaries. I think it was from a study we looked at that was in 1964 where nurses earned $4500 a year, secretaries earned $5000 and something, schoolteachers earned $6000. Well, it's an abysmal recitation of salaries and I think nurses and schoolteachers are probably closer today but the same thing prevails. It's still very small rewards for very crucial jobs.

Q; What can the public do?

Well, I think they can recognize that if they want their children educated in the public schools and they want their families taken care of by nurses not only in institutions, but in

public health agencies and home health services, you name it, there's a huge gamut of places that nurses are working today. We have a shortage, not only because we're not producing a great many more, but we have a shortage because nurses work in many more situations now and many of them are more attractive to them than night duty in the general hospital in their local home town. That is a heavy burden to bear.

Q: Why is it significant that NC's BON is elected?

Maybe it's really rather remarkable and of course, this has all happened since I became quite inactive as far as, since my retirement. I'm really proud of them for that. I think that one of the things, I like to think that one of the things that may have effected this is that they learned to be very politically effective back when we were getting nurse practitioners approval to practice, approval for dispensing of drugs, approval for midwifery practice. And I think that nursing realized that all of those things were very important. The local associations of nursing are not strong in numbers particularly, but they have been very focused on educating their members on how to talk to their legislators, bring the facts in so that we are pretty well respected sources of information now. And in more recent years, and others that are going to talk to you can say much more about this, the I'm forgetting the name of it, Brenda Cleary's place

JW: The Center for Nursing

Yeah, the Center for Nursing in recent years, they created in the legislature, of course with our urging, and it provides them a constant up-to-date source of information which they never had before. The association always tried to get it for them, the schools did too, but now it's centralized in one place and we all admire that not only for our own professional use, but for legislative uses as well.

Q: Is there anything else you would like to cover?

Well, one of the most interesting things, and we haven't talked about it here, that was sort of a parallel activity along with the nurse practitioner, another evidence of advanced practice was the certified nurse midwife. And of course the midwifery story is a very colorful one in NC. And back in those days they were well accepted by the regulatory boards, particularly of medicine that were looking into this because everybody had heard about the Frontier Nursing Service. Everybody knew that they had a national exam and there wasn't a question about how they were prepared and how they were educated and their competence. People just accepted that. So that was kind of fun. However, getting the professional physician supervision that our system, that we so carefully set up, calls for was another big problem. And you will have others tell you the Siler City story and I think that is very interesting and I hope that Maureen Darcy and others can participate in that with us?

Q: ???

I think one of the things I'd like to think about the nurse practitioner and the way we have chosen, not always by our own desires, the joint way we go through the approval process, it becomes, it was very difficult initially, but we were inventing it. I think it is persistent now for many years, and we have proven both competency and that it's here to stay and we have a lot of numbers of people in very successful practice throughout the state. If we want to encourage other people, maybe persons from other educational preparations to come into nursing, to go into that kind of field, and I know many people who have observed it and wanted to do it and have done it, that we have to make their entry and approval for practice a much simpler and more graceful kind of entry into the field. And I think that is important to the public and I think probably the time has come that it would be more acceptable legislatively than it had been in the past.

Q: What is the importance of nursing research?

I think research is growing increasingly important in nursing practice. It almost goes back to our discussions at some other times between training and education. We are trained to do a lot of hands, skillful kinds of things, but unless we know why we do them, we don't know when to do them and medicine and nursing, health care, let's use health care is becoming so complex with the various mechanical ways that we use to deliver care. Drug combinations and all of these kinds of things that unless we have research to tell us what is the best way, we are just repeating the same old training things. The book says to do it this way, this is a different kind of patient, but I don't know another way, I can't visualize, I can't imagine what else might work better. Without research, I'll never know that. Unless we have faculty who are prepared in research and the students work right along side them to see what the reasons is, are for this, it will always be a sort of esoteric exercise, but believe me, the first time somebody does something very simply in a better way, like how to feed an infant in a better way that's been developed through some research, it's just kind of hearsay, and verges on the old training sort of situations.

Q: Why did nursing blast off when it did?

Well, I think it blasted off in the mid '50s, picked up a lot of energy and momentum because more people were beginning to go to graduate school and fortunately those graduate requirements were, many places that at least they write a paper and often a thesis and that began to get them involved in methodology of research and when we move from there into introducing more kinds of education, we got into doctoral programs and we have a lot of collegial research now with nursing and other health disciplines, might be pharmacy, might be medicines, many other collegial research projects are going forward. That's good not only for nursing, but that's good for the other health disciplines as well. If when you are in a graduate program, a master's program or a doctoral program and you work with another health discipline, you're going to see how you do that throughout your lifetime in a practice, mutual respect is very built into that.