

Bill Cody

Q: How did you decide to go into nursing?

Well, I decided to go into nursing when I was working in a job at a hospital as a student. I was originally an English major and I ended up dropping out of college and continuing the job which was a work-a-day job in the hospital as a drop-out, this was in the '70s. And so, I came to be exposed to healthcare in that way and I came to think of nursing as just an honorable profession that I could identify with and that I could probably do and having just dropped out of college I chose the short route into nursing which was the one-year program and became a licensed practical nurse or an LPN. So, that was my entree into nursing. And I remained an LPN for about 3 years and then, subsequently went on to associate degree and a few years later, my bachelor's degree, and then later a master's and a Ph.D.

Q: How common is a graduated progression like that?

Well, the progression from the associate degree on up is actually fairly common because the majority of nurses in the United States start out as associate degree nurses, the majority of nurses in NC start out as associate degree nurses, and so actually a lot of my colleagues who are professors of nursing started out with an associate degree in nursing. It's less common to start out with the LPN because that's really a vocational program. It's not considered even to be college, so it's quite a journey from LPN to Ph.D.

Q: How do you counsel people who are going into nursing and considering their options?

Well, first of all, one has to consider the individual and her or his life situation. And a lot of people are really not prepared to, they're not in a situation in life to be able to go through 4 years of college and go through a traditional baccalaureate program. And we need a lot of those people in nursing, and so the associate degree programs are very good for those people and are programs to take people from the associate degree level to the baccalaureate level if they start out at the associate degree level. So, depending on the individual's life circumstances, that's where I'd start. And if the person is not at a point in life where the 4 year degree is the best option for them, then I would help them to figure out how they can go into nursing and get the associate degree, assuming that they've already sort of decided that nursing is the field for them, that they wish to care for people, and that they're cut out for it and they have a basic caring philosophy that is necessary for nursing. But, if a person, if a person is a place in life in which the baccalaureate option is a good one for them in terms of their obligations, their financial situation, their time, etc. then I would certainly counsel anyone whose interested in nursing to pursue the baccalaureate degree because we need more baccalaureate-educated nurses at this point in our history. The healthcare situation, human health itself, is just so complex and so challenging, and the caring profession is very demanding and so challenging so that certainly the baccalaureate level is a good entry point. We need more advanced practice nurses as well, so I try to encourage people who have the potential and

the wherewithal in their life to enter at the baccalaureate level and then to proceed to advanced practice nursing and master's degree and on as high as they can go.

Q: What kind of job are we doing in NC in making these educational pathways available?

Well, the situation for associate degree nurses who wish to advance to the baccalaureate degree is much improved over the last couple of decades than it was. Commonly in NC and across the U.S. 20 years ago, if you had, if a person had, if a person had an associate degree in nursing and wished to pursue the bachelor's degree in nursing, oftentimes she or he would be told basically they had to do the whole baccalaureate program. And that they would get very little consideration for having had the previous training, particularly if their previous training was in a diploma program, which is hospital-based which almost carries the connotation of vocational training and oftentimes did not actually include very many college courses. So, the situation today is much improved. The programs are streamlined. Most of the programs in NC have been streamlined down to the point that the actual nursing program to move from ADN, or associate degree to bachelor's degree is one year. There are some prerequisites that are involved in terms of completing a rounded liberal arts education that may mean it takes more than one year, but once you get the prerequisites and the liberal arts out of the way, it then most of the programs in NC are one year in duration now which is a great improvement. And gradually we should see some increase in overall you know net, statistical, educational level of the nursing workforce in NC. And I think it's climbing very slowly. I'm not an expert in that area, but I think that right now in NC about 2/3 of the nursing workforce is educated under the bachelor's level, either diploma or associate degree, but that's an improvement over a decade ago when it was about 3/4.

Q: What does your career path tell us about nursing as a profession?

I think a lot of people who go into nursing find the career mobility to be a very appealing aspect of it. And particularly, increasingly with the career mobility in advanced practice, there is certainly career mobility beginning with an associate degree entry level and being able to make a middle class salary while progressing from associate degree to baccalaureate degree is an advantage to the entry level in nursing. The problem, the associated problem, is that salaries in nursing are very flat, so you don't, the men, commonly you enter at a rate of pay that does not increase very much over the next decade or two of your life which is unfortunate. But the entry level remuneration is pretty good for associate degree level education. So there certainly is career mobility in that regard. And then at the higher levels of education, there is career mobility in nursing in terms of getting a master's degree either as primary care practitioner, family nurse practitioner, adult nurse practitioner, or clinical nurse specialist in that it, there's more mobility for an advanced practice nurse than there is for a physician, for example, because it's just easier to move from one level, one area, it's easier to move from one area of practice into another without having to go through as much bureaucratic hassles in terms of getting another board certification or buying out of a practice, buying into a practice. So, there is a lot of mobility in that regard.

Q: Could you restate that?

This is not an area in which I have a lot of experience in, in terms of health professions broadly and comparing them, but my impression as someone who works collaboratively with the health care workforce, the nurse with a graduate degree, or the advanced practice nurse whether that might be a primary care practitioner, either family nurse practitioner, adult nurse practitioner has a great deal of career mobility in terms of being able to move from one area of practice to another with probably fewer hassles, fewer bureaucratic encumbrances than a physician or some of the other health care professions.

Q: What is the Nursing Center for Health Promotion?

The Nursing Center for Health Promotion, start over... The Nursing Center for Health Promotion was started by a couple of nurses who were on the faculty at the U. of NC at Charlotte in 1989. And they had an interest in working with the indigent or working with homeless persons and poor persons in the community and so they, on their own initiative, they began to volunteer at a local homeless shelter for homeless women and children. They started out just by showing up. And the shelter made a room available to them and they brought their stethoscopes and their thermometers and they opened the door and the said, 'Come on in. We're nurses. We're here to help you. Come on in, let's see what we can do for you.' And so that was the beginning of the Nursing Center. At that time they called it The Nursing Clinic and it never got a more officious name for a number of years, it was just The Nursing Clinic, and various faculty from the U. of NC at Charlotte volunteered there and they took students there and tried to and they tried to educate students about the lives of the people they were serving and to introduce the students to a part of life they might not see much of and to maybe inculcate some altruism in the students and some understanding about vulnerable populations. And so, it began small and it evolved slowly and we have now been in operation continuously for 12 years, as of right now, we've been in continuous operation for 12 years. I have to remember to add a year every year because I tend to say the same number of years and sometimes get a year behind. So we have been in continuous operation for 12 years and we have had a number of small grants and some moderate-sized grants over the years that have enabled us to enlarge. In 1993, I came on board, became the director. We changed the name to The Nursing Center for Health Promotion. And the reason for the change from the name of just The Nursing Clinic was the desire to be a little less clinical, a little less medical because we felt that our focus was more holistic than that, we were more concerned with the whole persons that we were caring for and we didn't want to be strictly seen as a place where a person would come in and just get a physical exam and walk out with maybe a prescription in hand or something like that which is what we typically think of when we hear the word clinic. So we changed the name The Nursing Center for Health Promotion and we began to enlarge services and to enlarge our staff and to expound a little bit upon our philosophy and to really make a reality, a vision that we had that this would be a place that was founded by nurses, managed by nurses, operated by nurses and where we would provide the best level of nursing practice that we could. And faculty practice there and they role-model their practices for the students. And what I mean by that, is that we do try to offer care for the whole person and for whole families in that

context. So when people come into The Nursing Center seeking care, we're very open to whatever their needs are and whatever their situation is, and we don't have a narrow focus merely on the medical or the physical or the psychiatric, per se, but on all of the circumstances of the person's life which is very consistent with nursing philosophy. And we try to role-model best practices for the students in that context.

So when persons come into the Nursing Center seeking nursing, seeking care, seeking help in their life situation, we tailor our response to them very precisely to their needs and we offer a caring presence, we demonstrate profound respect for those persons which is also part of nursing philosophy and then we meet them where they are and that's where we begin working with them. And if they need, if what they need is a physical, then they can have a physical. And oftentimes we do provide a pre-employment and pre-school and pre-daycare physicals. So, we provide that service and that's a meaningful service that we provide and sometimes that's what they need. CUT

When, when a woman comes into The Nursing Center or brings her child into the Nursing Center, we offer a wide range of services. And if that.. let me start over again..

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Q: Tell me about the population who lives at the shelter.

Well, our particular nursing center is located in a homeless shelter for women and children. So the population that we serve is women of all ages, from 16 to 65 and over, and children of all ages. The only population that we don't serve there is men because it is not a shelter that includes men, it's a women and children's shelter. So that is our population and when we provide services to this population, when they come into The Nursing Center seeking help we really try to meet them where they are. That's our philosophy and to be open to whatever their needs, their needs may be in, at that time in their lives. So, if the woman comes in, if the woman and her child comes in and what they need is, indeed, a physical, we can provide that. We do provide services such as that. We can provide a pre-employment physical, or a pre-school physical, a pre-daycare physical, those are oftentimes needed. But if someone comes in and she's very upset because she's had an argument with her mother and her mother's thrown her out of the house and she needs emotional support for that, then we can be there for her in those circumstances too. Or if the woman comes in and this may be a 19 year old woman with 3 children and she's weak in her parenting skills, then we can offer some suggestions to her as to how to try manage with these 3 young children at such a young age herself. So, we offer a wide variety of services, and no one ever goes away empty-handed. We can at least offer some education, some emotional support, good referrals to other agencies in the community. And we have a very strong policy that we never send anyone away empty-handed. We will provide whatever we can for the help that they are seeking.

Q: What efforts do you make to plug people into the healthcare system?

At The Nursing Center for Health Promotion we....

One of the unique things about The Nursing Center for Health Promotion is the way that we enact our philosophy of caring for people in terms of their whole life. And we really try to operate on a philosophy that is oriented toward community health care and not only primary care, not only medical care, but focuses on the whole person in the context of their family and their life situation. And that is somewhat unique among nursing centers and free clinics that one would encounter and it flows directly from our nursing philosophy. I think, in terms of caring for the whole person. So that we will not only provide what I call 'bridge care' which is medically-oriented care, healthcare that maybe other clinics provide, but in addition to that we really try to help that person get plugged back into the mainstream system and access the high-quality services that you or I would want for whatever it is that we need in relation to our healthcare. So that's what, that's a big part of our mission. And something that differentiates us from clinics that just exist to provide the medical care. We continue to work with the person, follow up with the person, and make sure that they make it into the mainstream healthcare system or whatever human services that they need.

Q: Could you give me that anecdote about a person leaving an ER with a prescription?

Sure, when we first opened the clinic, I want to call it what I call it...When we first opened the Nursing Center, we would have persons come in who had been to emergency rooms and had, you know, sought help for a medical condition or problem that they were having and had gone into the system to get that help that they needed and what they were left with was a prescription. And so they would come into our clinic with a tattered little prescription in their jean pocket that they'd been carrying around for 4 weeks and no one had thought to make sure that they could actually gain access to that medication that was written on that prescription. So that really was enlightening to us in terms of the need that was out there and a role that we could fulfill for those people.

Q: Please summarize what The Nursing Center is.

The Nursing Center is a nurse-managed, ...

The Nursing Center is a nurse-managed facility in which we, the faculty of UNC-Charlotte in nursing attempt to model best practices for our students. And in doing that we also provide a community service for the women and children we serve in that we provide a comprehensive range of healthcare services.

Q: What role do NPs play at The Center?

Our nurse practitioners play a key role at The Nursing Center. They bring not only medical expertise, and they have a very high level of medical expertise, we estimate that family nurse practitioner routinely performs approximately 90% of the types of exams and diagnoses and treatments that a family practice physician performs. And they do it at about a quarter of the cost. So, that is one area of expertise that our nurse practitioners

bring into the Nursing Center and we value that very much. And it's incredible, it's an incredible value for money in terms of the healthcare the nurse practitioners are able to provide. But beyond that, I think that nurse practitioners operate with the unique philosophy that flows from nursing and that they, too, care for the whole person. And the nurse practitioner in caring for a person who comes in with a medical problem is much more likely than other health care practitioners to really meet that person where she or he is and to provide a kind of care that is not only making diagnosis and providing a medical treatment, but also supporting that person to enact that treatment, to sustain that treatment, to have good follow-up, to learn about their condition, to have good teaching and education regarding the condition that they are seeking treatment for, and so, that is the function of the nurse practitioners in our Nursing Center and we value it very highly.

Q: How cost-effective is The Nursing Center?

The Nursing Center is impressively cost-effective. We estimate that on a, we estimate that... I don't know how to say this properly I'm like using slang in my head, like on a head-by-head basis..

The Nursing Center is extremely cost-effective. We estimate that per person the cost for services that we provide is somewhere under \$20, about \$19 per person, and that in a context, as I said earlier, that we never let anyone leave empty-handed. We provide everybody with something if they come through our door seeking help. Those persons who do see the nurse practitioner, if we provide them with a prescription, then we make sure that they get that medication as well. We unfortunately don't have the funding to buy very expensive medication, but we buy most of the medication that we prescribe and we will help them get access to whatever more expensive medication is prescribed. But even those clients who see the nurse practitioners, we see on, with, even those clients who see the nurse practitioner, we see at an approximate cost of about \$34, \$35 per person total cost.

Q: Tell me about your clinic manager Michelle.

Michelle Carr, our clinic manager, is really a remarkable person. And as one of her teachers, I would say that she's a very gifted and talented individual who had an excellent education in nursing. She, I met Michelle, I met Michelle when she was a student in our RN to BSN program here at The U. of NC at Charlotte. And as part of that experience in her, in her rotation through community health nursing, she went to work at The Nursing Center and she worked there, I believe at that time we required 86 hours and in community health and she put her 86 hours in at The Nursing Center. And subsequent to that, she came to me and she told me that she'd liked the work in The Nursing Center and so she began working there as the staff nurse and at that time we only had staff nurses because we were small, that was about 5 years ago...

Q: Can you give an example of her dedication?

Well, Michelle is a shining example of those practices in community health nursing. She, Michelle really strives to meet the person where they are and to work with them in their particular situation...

Well, Michelle is an extremely dedicated community health nurse. And she will do just about anything for the clients that we serve. If they have an appointment that they're supposed to be at, she will go through the shelter and find them and make sure that they make that appointment and then after they go and have that appointment, she'll go and find them again and say, 'OK, what did they say? And what are you supposed to do? And how can I help you do that, how can I help you achieve that?' And that's just a small example. She, her entire practice, that kind of activity permeates her practice, that's the way she practices nursing.

Q: What is The Nursing Center's distinction in the Free Clinic Association?

Our Nursing Center is a member of the NC Free Clinic Association which is an organization of approximately 40 free clinics in NC and it's a wonderful organization. We happen to be the only academic center that is affiliated with the NC Free Clinic Association. The Nursing Center is an academic nursing center and we're the only one affiliated with the NC Free Clinic Association.

Q: Are there any other ones that are nurse-managed?

Certainly there are a lot of free clinics that are run predominantly by nurses, actually there are free clinics that highly publicize, there are free clinics that highly publicize physician volunteerism which are actually run predominantly by nurses. To my knowledge, there's not another free clinic that operates you know, very self-consciously and deliberately and formally as a nurse-managed clinic.

Q: Why is the doctorate in nursing important?

I think it's very important at this time in our history to have leadership in nursing at the doctoral level that is really steeped in nursing philosophy and the knowledge base that is specific to nursing. I think that the profession of nursing has a philosophy that's a little bit different from other health care disciplines. It certainly has a history that is unique among healthcare disciplines and the kind of care that nurses give, and the kind of care that nurses give is specific to the nursing profession for the most part. Nursing care is based on several philosophical tenets that provide a basis to the profession that that is not necessarily present in every healthcare profession. A couple of the philosophical tenants that are very important in nursing about which there's a great consensus is that we care for the whole person, and we don't care for the part, you know if you have a broken arm, I don't care for your broken arm, I care for you as a person with a broken arm. And that is a very basic part of nursing philosophy. Also, I just got very conscious of my hands...

Also, another philosophical tenant that is intrinsic to nursing is the the notion of unconditional caring and providing a nonjudgmental presence to persons who need care.

And nurses have that history in terms of being with people whose bodies are torn apart, who are in the intensive care unit in the middle of the night, who are living in the ghettos and in the slums and living in degradation and squalor and even there are not a small number of nurses who are nurses in jails and penitentiaries. And so, there certainly this, this tradition of unconditional caring in nursing. And so, I believe that it is important to have leadership in nursing that is steeped in that philosophy and that knowledge base and that is dedicated to growing a knowledge base and taking that knowledge base as far as it can go. It's a special, it's a special part of the health care system and a special kind of service that we provide. And doctoral education in other fields is just not going to explore those dimensions in the same way that a doctorate in nursing would. There, in other professions, you know if you wish to be educated at the highest level in psychology you can't go and get a doctorate in chemistry, you know. If you ...

Q: Just pick up where you were.

Well, it is a unique part of our nursing history that for many years the terminal degree was considered to be the master's degree, the terminal degree being the highest degree in the field, the credential that would be your entree into the professorate and the universities. For nursing and a couple of other professions, for many decades that was the master's degree. That was true in social work, it's true in architecture, so it's not a completely unique situation. But, nursing does have this peculiar history that as the doctorate became the accepted credential to enter into the professorate in the universities, nurse were encouraged to take doctorates in a number of different fields. There actually was a nurse scientist program in the '60s funded by the federal government that funded nurses with master's degrees who were professors of nursing to go back to school to get a doctorate to bring research into nursing, but they funded the doctorate in any field, in any field whatsoever. So we certainly have that history and in some cases I think it was very difficult 20 or 30 years ago for nurses to locate a school of nursing that had the doctoral program and to gain access to that program, particularly nurse who had families with small children and so forth. So if the doctorate in psychology or sociology was more convenient or the doctorate in higher education was more convenient 20 or 30 years ago, certainly that would be very understandable. However, today there are approximately 60 doctoral programs in nursing in the United States. And I don't believe there's anyplace in the continental United States that's more than about a 4 hour drive from a doctoral program in nursing. So I think the times have come that the professorate in nursing should consist of nurses who are educated at the doctoral level in nursing.

Q: Why is nursing research important?

That's a hard question for me because a lot of nursing research is in borrowed areas of science using theories from other disciplines and really should be done by other disciplines actually in terms of the mass of private research out of the NIH. Nursing research oftentimes you know, comes from any kind of knowledge base. So it's a hard question for me.

Q: How about your own research?

I could talk about nursing research that's based in nursing science because that's something that I do have a devotion to...

I think that at this time in our history it's important to grow the knowledge base of nursing through research - research that is explicitly rooted in nursing science so that we're looking at the problems and the phenomena that are a specific concern to nursing. And that will help us to provide better care to people from a nursing frame of reference so

I think that it is important at this time to pursue those lines of research that have to do with quality of life and with experiences, of how people are experiencing their health and their healthcare, problems of care-giving in the family, in the home, better ways for nurses to provide care and you know, other areas of research that are specific to nursing and that grow out of nursing science.

Q: What are the biggest challenges for the future of nursing?

I'd say there are 2 very large challenges...

I would say there are 2 huge challenges facing nursing today. And the first is largely pragmatic and it has to do with our mission to society and that is simply to provide the care to the population that is our mission as a profession because at this point in time in 2001 there is a nursing shortage in the U.S. and we don't really know how to fix that at this point in time. And we don't know who's going to be caring for us as we age with the graying of the population and the demographic curves and so forth.

I think that's a huge challenge, to draw more people into the profession, to retain people in the profession, to educate them well in the profession so that they will be able to provide the care that is needed. So that is a very pragmatic challenge, but a huge one that faces the profession. And perhaps in a more esoteric vein, or on a loftier plane, I would say the greatest challenge for nursing is to really own our own history and our destiny and to assert the uniqueness of the profession and to make it known and to grow that body of knowledge and to do so in the service of humankind so that we can improve human care.

Q: Tell us about your volunteer coordinator.

Well, Terry has ...

Terry Marrow is the volunteer coordinator for The Nursing Center and she runs an independent auxiliary of volunteers that she marshals and gathers together and organizes to help us out. And she is our biggest booster and our biggest fan. Terry is a former resident of the shelter for a year. And she ended up in the shelter at a very, very difficult time in her life. She's an older woman, she's in her '60s. She is a severe diabetic, she came to us with multiple problems. She was being forced to leave the workforce, dealing

with her diabetes, has no sensation in her legs from the knees down, she has to take insulin, she has to watch her diet. She is, she has extremely impaired vision, at the time she came to us I remember so clearly she had only one lens in her glasses, so she had a lens in one half of the glasses and no lens in the other half of the glasses. But Terry came to us and we worked with her and helped her to get her diabetes under control, helped her to go through the process of getting on social security disability and so forth and just gave her emotional support and she became a fixture in the Nursing Center. And so now she is living in a nice apartment in downtown Charlotte and she's on the internet, and she's organizing these volunteers, maybe I shouldn't talk about how well she's doing since she's living on disability. If you can cut that part out. But she is a wonderful, Terry represents a wonderful success story that came out of our Nursing Center.

Q: How about your office manager?

Ashley is a pre-nursing student. I actually don't know Ashley's last name as I sit here. Ashley is a pre-nursing student at the U, of NC at Charlotte. She just completed her freshmen year and she's moving into her sophomore year. She came to us to work as our clerk or secretary in the Nursing Center and we asked for a 2 year commitment so that we could have someone who would be with us for a while and it's been wonderful to watch her grow and to see her enthusiasm building and her understanding of the lives of these women building as she works there with us. Plus she's a wonderful organizer and she keeps everything flowing in a really, in a really smooth way. So we really value her presence there.