Interview Date: December 1, 2010
Interview Time: 4:30 pm
Interviewer: Erin M. Hartley
Respondent: Lynn Dalton

Interviewer: Ok, so lets just get started. You're Lynn Dalton.

Respondent: Right, I am Lynn Dalton.

I: What year were you born?

R: I was born January 15, 1959.

I: Where were you born? In North Carolina?

R: I was born in Concord, North Carolina, which is just outside of Charlotte.

I: Have you always lived in North Carolina?

R: When I was small, my family moved to Virginia. We lived in Virginia beach. My father worked down there. I was there for about seven years. When I was in the 1st grade we moved back to North Carolina and I have been here ever since.

I: Are your parents from North Carolina?

R: Yes. Yes. They're both from North Carolina.

I: Do you have any siblings?

R: Yes. I have a brother and sister. A biological brother and sister. And two brothers that are adopted.

I: Where do you fall?

R: I am the oldest.

I: What did your parents do for a living when you were growing up?

R: Well actually, my mother is an RN and my father was a (tool and dye) maker.

I: Do you think your mom's role as an RN had an effect on you?

R: Absolutely, there's no doubt. She worked in a rural clinic and a lot of times, on the weekends, she would be the only person covering there and I would actually go with her on weekends sometimes when she was there at night and so it would be her and I and we would be the only ones there. Yeah so I saw a lot of stuff when I was just a kid.

I: I can imagine. What kind of schooling did you have as a child? Was it private or public?

R: It was a public school. I lived in the eastern part of North Carolina at the time. When I was in the 5th grade is when they actually first integrated schools in North Carolina. Like I said, it was a very rural area and so the public school I went to was predominantly black. In fact, in my

class, I was one of three white kids in the class. In that area, they set up a private school and they basically set it up to keep their kids away from integration, but my parents didn't grow up like that and didn't believe that so we that's where I went to school. And like I said, this was in the 5th grade. Once I went into middle school, which was the 6th grade it became a normal ration, I moved to larger area to go to school and it was about 50/50.

I: Ok. Where were you in eastern North Carolina?

R: Anson County, which is about 50 miles southeast of Charlotte. It's a very small, agricultural county.

I: So can you tell me about your childhood in general? Did you have chores? Tell me about family dynamics. Was your Mom home as much as she could be or did your Dad spend more time at home?

R: Well they both worked like I said. They were both professionals. It was typical childhood. Like I said, when I was very young, we lived in a rural area, grew up playing sports. I played all sorts of sports. We camped. We hiked. My grandfather was a big farmer and he had large farm. We spent a lot of time working on the farm. As far as chores, yeah we all had chores. I mean it was very much, we were raised Baptist. We were raised in the church. It was pretty much a typical thing you would have seen, this was in the sixties, it was fairly typical for what you would see in the sixties in a rural area.

I: Can you tell me about any doctor experiences? I feel like you would have some good ones since your mom was a nurse. Did you go the doctor often or did she just take care of you?

R: We didn't go to the doctor a lot. I had developed some medical problems when I was young. I developed JRA which is Juvenile Rheumatoid Arthritis so I had a lot of joint issues. When I was about 12 years old is when they first diagnosed me, I was having a lot of joint swelling. They thought I had leukemia because I was having so many problems. I spent about three weeks in the hospital in Charlotte and they diagnosed me with JRA, which has led to joint issues as I got older. That and the fact that I played ball. I always was playing football, baseball, basketball, something and so a lot of that led to some of the injuries I wound up having. But as far as doctor things, I never really had, like I said we didn't really go to the doctor a lot. I did have an issue one time with a student nurse in the hospital in Charlotte when I was eleven or twelve. They came in to draw some blood and back then the nurse actually drew blood, you know now they have flabotomists and lab techs and that sort of thing, but back then the nurses

and student nurses, this was a student nurse. They came in and they told me "this is a student if you don't mind we are going to let her draw your blood" and I said "ok." So they stuck me. Well she missed it. And then she pulled it out and she stuck it in the same spot again, which, as far as flabotomy techniques goes that's very poor. She stuck me about three or four times in the same spot she stuck the needle all the way through the vein and then she snatched it out and she panicked and went "oh my god I'm sorry" and she ran out. And the turniquet is still on my arm and there's blood running down my arm. I'm kind of just laying there and the nurse that was with her had actually stepped out to let her do it. Then she came in and goes "Oh I'm so sorry. This was her first time." And I thought "well that's great" but that's probably the worst experience I had as a kid in the hospital.

I: Did you come into a lot of contact with other nurses because of your mom? Did she have nurse friends that you spent time around?

R: I don't really remember a lot of nurses. Like I said, she was a nurse in a rural clinic. She was actually the only nurse. She worked for two doctors and they basically staffed this clinic all the time so she worked a lot and was there a lot at night and I don't really remember a lot of nurses. Now going forward, like I said, my mother is a nurse, I am a nurse, I have a sister who is a nurse, my wife is a nurse, her mother is a nurse, I have a sister-in-law who is a nurse, so going forward it became a family business.

I: Yeah it must be very natural to go into. Your sister is a nurse. Did she ever go to the hospital with you and your mother? Or over to the clinic? Is that how she became interested or is it totally different?

R: Yeah it's pretty much different. She is several years younger than me. So when I was going I was probably nine and ten, maybe even as young as eight, so my sister would have been about four. So she didn't go at that time with my mom, but I think my mother has certainly had an influence on all of us as far as what we later did.

I: I'm sure. I can imagine. Do you recall any male nurses at all in your childhood or your experiences in the hospital?

R: No. I really don't. Most of them were orderlys if you saw males. Or physicians. I don't recall any male nurses. The first person that I knew that went into nursing was the friend of mine that I told you that's now a CRNA that's a couple years older than me. And he actually, when he got out of highschool he was 18 years old and he actually went into nursing then. He had an

older sister who was a nurse. But Jeff, which is his name, he was the first male nurse that I ever knew.

I: So when did you decide you wanted to be a nurse? Was it early on?

R: Well it was relatively early. I started at ASU in 1977 when I got out of high school, and you know, I was there for the party. I went for three years and kept my grades up. I had pretty good grades, but after three years, I didn't know what I wanted to do. I didn't know for sure. I was majoring in biology and I loved it. I loved the sciences, so I left and I came home and told my parents. I said "you know, I've decided, I don't know what I want to do, so I'm not going back to school." Of course they pitched a fit, but I did it anyway. Wasn't the smartest thing I ever did, but I did it. And I worked, did several jobs, sold insurance, worked for coca cola, did several things and wasn't really happy doing anything. I just decided I was going back to school and I was going to nursing school. At the time, I lived here in Asheville, and AB tech in Asheville had a really good ADN program, they still do, it's one of the best ADN programs in the state. So I decided I was going to go back to school. So I went into and ADN program and got my associates degree in nursing, which is an RN, and I worked. I've been a nurse for almost 28 years and only now, I'm at Appalachian now I don't know if you know that. I'm graduating here in a couple weeks.

I: Oh yeah? Congratulations.

R: I went back to get my bachelor's degree after 28 years. Like I said, I've crammed four years into 33. But I'm back there. And enjoying it. I was really hesitant about going back to school after being out for so many years, but I've enjoyed it. It's been a good experience.

I: How many males were involved in your ADN program? Were there any?

R: Our class had fifty people in it when we started. There were three males, counting me. One of them kind of snapped. He killed his mother. It was a brutal type thing, too. He became catatonic and wound up going into a mental institution. So needless to say, he didn't graduate. There were two of us that did. The other male nurse who graduated with me still works. He works at Mission in Asheville. He is the head of the Neuro department here in Asheville. Yeah there were, out of 50, there were actually 2. There were 37 in our class that graduated, out of 50, and 2 of us were males.

I: So how did that gender ratio play out, in all your training?

R: That generally was the standard. You didn't see a lot of males. I met my wife in nursing school. I never had a problem with the ratio, as a male. I kind of liked it because I was single at the time. It was something, you just never paid attention to it. That was the way it was. I knew there wasn't a lot of males in nursing, so you were kind of a pioneer of sorts, doing it because everyone either though, working in the hospital, you were either an orderly or a physician. You spent a lot of your time explaining you were neither, you know, "No ma'm I'm a nurse. I'm not your orderly and I'm not your physician." That was kind of the standard for the time.

I: What kind of training did you do, other than your ADN?

R: Well I've had a lot of extra training over the years. Oh that's my wife there. We are going to take her car to get fixed. I had, I was what's called an MICN, which is a mobile intensive care nurse because I worked in the emergency room. I ran the emergency room. I was a CCRN, which is a critical care registered nurse, at one time because I was working in a unit. I've been a manager of a coronary unit. I've had lots of training over the years that wasn't considered formal training as far as going back to school. Now both of those programs were intensive programs and it requires a certification, but other than that there was not a lot of extra training as far as going back to school, for what I've done.

I: Did you find at all, in your training, that there was anything you weren't able to do because you are a man? Did you ever have patients that you would be looking at who would not want you in the room?

R: Occasionally, but a lot of it has to do with how you carry yourself. If you go in and you carry yourself as a professional, you would think that maybe the little old ladies, especially when I started, I was 24 years old, and so you'd think that maybe the little old ladies would be uncomfortable, but they really weren't. If you went in and carried yourself as a professional, then they respected you for that. I went out of my way to respect their privacy and a lot of times, if it came down to doing a procedure, for example, putting a catheter in an older lady, if she was uncomfortable with it, then I would get someone else to do it. But that generally wasn't the case. Again, if you respect their privacy and you act as a professional, there isn't really a lot of issue with it.

I: So you don't think it compromised your learning at all?

R: No, I don't. You know, I worked, during training I did obstetrical rotations, the OBGYN rotations. Never had any problems. A lot of it, I think, is just how you carry yourself.

I: You mentioned that you were heading up a few departments in your training.

R: Yeah.

I: Another gentleman I interviewed said that in his graduating class, they were trying to pick who they wanted to be president and for some reason, he was nominated. He was one of, I think, three males in his class. He did not want to be president and was not all interested in the position, but he kept finding he was being pushed into these leadership positions by the females in his class, maybe just because he was male and had a more "take charge" kind of attitude. Have you ever found that to be true?

R: Yeah, I think so. Honestly, that's one of the discussions I've had with some of my professors in the nursing department at ASU, one of the things that's kind of held nursing back, I think as a profession, for many years, is the fact that it's a female dominated profession. Because of that, they haven't gotten the respect that they should get, and that's wrong, but that's just the fact. In retrospect, I've probably gotten more respect from physicians and that sort of thing than some of my colleagues, my female colleagues did, when they deserved it just as much as me. But because I am male, it was, they tended to respect you more, and that's just wrong. But that's our society. That's some of the gender issues that women deal with all the time.

I: That's interesting that you mention the lack of respect because this gentleman was telling me that he thinks one of the biggest problems in nursing now, holding it back from progressing, is that it is not viewed professionally. That it's viewed as a nurturing, caretaking role which obviously it is, I mean, you're there taking care of people. But he was saying the professionalism was lost because of the idea that some nurses wear brightly colored scrubs and they are smiley, happy, and they're there to take care of you.

R: Yeah and there is probably some truth to that. I mean, the fact now, and that's one of the things that nursing is working on now, is pushing the professional aspects of nursing to the forefront through research and doing some of those types of things, is the only way that nurses are going to get the respect that they deserve. That and the fact that, there's been a lot of discussion about the entry level of nursing. Like I said, I became an RN by going to an ADN program. We went basically year-round for 18 months. Where as, it's just exactly the same as someone who goes and gets a four-year degree. You're still an RN. There's no difference. And nurses haven't pushed to change that like they should. There has to be a significant starting point, an entry point, for RNs before they're going get that respect. They're looking at doing

some of that stuff now with clinical ladders and that kind of stuff, which they talked about that for 30 years, literally. They've talked about clinical ladders and starting points and it's just not gotten done. It's unfortunate, but that's where it's at. But they are pushing for more of that now, I think. Hopefully that's where we'll go in the next 10 years.

I: As far as challenge goes, do you think the ADN program is more or less difficult than the Bachelors? I mean, how are they different?

R: Well, the difference is, well of course, like I said, I'd been three years, so I'd had all the general college stuff. A lot of that you don't get in an ADN program. It's more of a technical degree, you know. You're getting, in most ADN programs, you're getting more actual clinical time as a nurse than you are in a BSN program. I know our program, like I said, it was one of the top programs in the state. Our test scores were as high as anybody's in the state. It was as high as Carolina's, it was as high as Duke's. It was a very good program. You're actually getting more technical time. We did. When I came out of nursing school, I was a nurse. There wasn't a whole lot that I didn't think I could do. I had a lot to learn, but I was still a nurse. And I had known a lot of BSN nurses over the years, who came out and weren't prepared to step into the role of being a floor nurse or working in a unit or in an emergency room. A lot of what you're getting in a BSN is more management skills, more leadership skills, and you're learning concept and history. Those are some of the things you don't get in an ADN program. And as I said, I'm kind of an advocate of pushing ADN students back into the BSN curriculum because, once you've worked as a nurse and you go back into the BSN program, you have so much experience. You have so much knowledge that you can really bring into that setting. It's completely different going to school for four years and being a BSN nurse and coming out and having to, than a nurse who has been working on the floor for two or three years and then stepping into that program. It's a completely different experience for those two nurses.

I: I can imagine. So I know we've strayed from gender a bit, but it's just interesting to see how the whole profession is progressing. Like I said, I knew nothing before taking this class, so it's interesting to see where it's going now. Do you think your gender had any impact on your nurse training or your tenure now in the profession? I mean, you've been there for almost 30 years…

R: Well, again, it may have. When I first went into nursing, I moved quick. I went to work on a med surg unit. At six months, I had gotten a job in the ER, which was where I wanted to go.

That may have been because I was male. Shortly after that, I was in charge of the emergency room. In a year and a half, I was doing work as a house supervisor.

I: Did anyone resent your progress?

R: I don't think so.

I: None of the people who had been there longer?

R: Well, a lot of those jobs, people don't want, frankly. Especially nursing management. You got a lot of qualified people who don't want to be managers of nursing because it's a very difficult job. So, I think probably as much for that reason than the fact that they thought I was being moved along too quickly, I think there were probably a lot of people as qualified or more qualified than me that probably just didn't want it. That's one of the things I think, when you're talking about the man saying that his class wanted him to be the president and that sort of thing. I think maybe males step into those roles a little bit more willingly than some females do.

I: He said he felt pushed into them, but then and it was one of those things were he was elected president of his class, so he did his best with it because that's what everyone else wanted. But he was saying that there were so many female nurses in his program that would have been far more qualified for the job. It might just be like you said, that they just don't want and it's just not what they're looking for. Have you seen more males coming into nursing now?

R: Oh yeah. Well, that's kind of a catch 22 too. With our economy the way it is, you're seeing a lot of people going into the nursing profession because they think it's secure and that's not really, in all cases, that's not a good thing. You've got people going into nursing because it's a good job. It pays well. You've got people who may have lost their job or may not be making the money in the job that they wanted to make and they say, "well, I'll go back to school and be a nurse." You know, there's a lot of things that go into being a nurse, I think. I think, you're seeing more males for one reason, because of that, because of the economy. I think there's more who are saying, "You know, I can do this and start out making fifty or sixty thousand dollars a year. So I'm going to do that."

I: Do you think that's helping or hurting?

R: I don't think it helps. I don't think it helps nursing. If you're going into it because you look at it as a job and because it's money, I don't think that helps nursing.

I: And patient care overall?

R: Well, you know, it's like you said, nursing is a caring profession. It's something that, I think,

you either have it or you don't. It's not something that if you don't want to be a nurse, you can just say, "well I'm going to be a nurse because it pays well." I just don't think that makes for a good nurse. I've seen, well, I have seen males and females, but I have seen a number of males who I didn't think were good nurses because they just...

I: Were in it for the wrong reasons?

R: Yeah.

I: I've been trying to look into this some, but I haven't found much literature on it. I've been wondering if war has created an increase in male nursing? I know men in military, obviously it's predominantly male, so they can be nurses in the military or doctors, surgeons, so be it. Do you know anyone who has been in the service and has transitioned their training into a nursing career?

R: I've known people who did. And that's probably true too. You know, they're medics in the military. They also have nurses. But they'll train people in each unit to be a medic, which is kind of like an EMT. You'll see some of those people transition coming out of the military into nursing and that's not necessarily for a bad reason. If they felt like they learned something while they were in the military and it was something that they enjoyed doing, then that's a good reason to do it. Again, like I said, if you're just doing it for the money, I don't think that's a good thing.

I: Do you think male and female nurses operate differently in the realm of professionalism? Do you think male nurses are more inclined to focus on getting the job done, it's very professional, straight to the point whereas maybe some female nurses may put more emphasis on, not being friends with the patient, but being more relatable?

R: I'll put it this way. Males tend to be more technically oriented. You see, as far as professionalism, a good nurse is going to be professional, whether male or female, but males tend to be more technical. When I first got into nursing, that was one of the things that first attracted me to the emergency room and to the units because there's a more technical aspect to it. You're working with machines and that sort of thing and, I think, males are more drawn to that. That's probably the biggest difference in males and females. Now there's females that love that too. That love the excitement of the units and the ERs, that love working with all the equipment. But I think males in general, that's probably the difference in males and females.

I: I little more inclined to that aspect?

R: Yeah, yeah.

I: Can you give me any other thoughts or anything else you want to say about male nursing? How it's progressed? Any issues coming up now in the field related to gender?

R: I'm not sure. Having been a male nurse for 28 years, I haven't really experienced a lot of gender-biased issues that negatively effected me. I honestly haven't had anything that I thought was a negative.

I: Have you seen it to females?

R: I was going to say, I'm not sure all females can't see that. And again, like I said, when you start talking about promotions and that sort of thing, I'm not sure. I always felt like I anything that I did, I deserved because I worked hard and I really enjoyed it. I mean, I've always enjoyed being a nurse. I've always thought, that's what I was meant to be. When I started it, I always thought, "This is where I'm supposed..." I used to have people all the time say, "you want to be a doctor" and I go, "no, I like being a nurse." I got into this because I wanted to be a nurse. I didn't want to be a doctor. I think, from a gender issue, I don't know if there's a lot of things changing today or not. That may be a question that is better asked for younger nurses. As an older nurse, an experienced nurse, I don't really see a whole lot of differences other than the fact that there's more males and I'm not sure they're all in it for the right reasons.

I: So you said you haven't personally felt any discrimination because you're male, but have you seen any discrimination against female nurses? Maybe by male doctors? I know that's very stereotypical but...

R: Oh I have. Absolutely. I've had doctors come onto the floor or the unit and request me because they knew I was there. I tend to want to take that as a compliment to me, but alos there were nurses there who were just as experienced and just as capable as I was. And whatever there reason was for asking for me, I'm not sure. Was it because they thought I was more capable? I don't know. Was it because I was male? Maybe. And I've seen that a lot over the years. I've had a lot of male physicians, I've had female physicians, I worked with an ER doc one time, she was really good. She's probably the best ER physician I've ever worked with. And she generally, if something bad was there, she preferred having me there. Again, I like to think it was because I was a good nurse, but there may have been gender bias there. I'm not foolish enough think that there wasn't.

I: Do you think this influx of male nurses may be upsetting some of the gender dynamics for female nurses? In the sense that when nursing was originating it was nursing, teaching and being

You might have asked why he wanted to be a nurse rather than a doctor or some kind of technician.

a secretary that were acceptable, respectable jobs for females and I feel like it was nice for a female to have this role that was theirs and they were respected for being a woman in this profession and now there's more men coming in. I don't know if females feel like, not that they're being pushed out, but that's it's starting to loose some of...

R: Some of the cache as far as being a female dominated profession?

I: Yeah.

R: I don't know. Again, maybe that's something that females could answer better. In general, I think that if you asked most females nurses, I think if you asked my wife, she's a nurse, most female nurses would tell you they enjoy working with men. You know, I guess there's a number of reasons for that. But I do think they like working with men. Again, as far as the dynamics that's occurring today with the influx of more nurses, more male nurses, I'm not sure if that still holds true with the young nurses. Because, like I said, if you've got a male nurse, and they're not doing what they're supposed to do, and there's a lot of stuff involved in nursing that's not very pretty, and it's not glorious when you're cleaning someone up, and there's a lot of males that would shy away from that. They're in it because they're more interested in the technical stuff. Well, there's the dirty stuff to and you have to do that. That's part of being a nurse. I know some of the women nurses that I've worked with will tell you they don't like that when they come in and somebody hasn't been taken care of like they should because somebody just didn't want to do it. And that goes for males and females, but I think female nurses will tell you they see it a lot more with males than they do with females. I don't think they like that.

I: Do you find that newer males coming into the profession, younger male nurses, are more attracted to having you as not necessarily a mentor, but they can more easily associate with you than some of their older, female nurses? As a comfort thing?

R: Probably so. Yeah, probably so. Again, like I said, it's a little bit different for a male if there's another male there to bounce stuff off of, you know? So yeah, that's probably true, I would agree with that. ... I lost my train of thought there. I was going to say something, but it went away. But yeah, young nurses, young male nurses, would probably, if there's another male there, would probably gravitate to them. Just like I think a young female nurse would gravitate to a more experienced female nurse though.

I: Absolutely.

R: I don't think they would gravitate to an older male. But if there was one there that they felt like was an experienced nurse, I think they would gravitate to an older female.

I: I forgot to ask this earlier, but do you ever have any patients that treat you differently than you can see them treat the female nurses? Other than that some people may not be comfortable with certain procedures, but as you said…

R: Like I said, especially early in my career, a lot of them would think you're a physician. We didn't wear…the name badges today are more prevalent. 25 years ago they weren't as prevalent. Sometimes we had a little bitty name badge or sometimes we didn't wear them at all. We were wearing scrubs, especially in the units and stuff. And so they would think you were a physician and you'd have to go out of your way to say, "my name is Lynn and I'm your nurse today." And even after that, they would still think you were a doctor. So that would be the biggest discrepancy, I think, for a male nurse, is patients thinking that you're a physician or an orderly. I've been accused of that too, rather than being a nurse. Other than that, I can't really think of anything as far as differences in males and females with patients.

I: Do you think their respect level changes at all when you tell them, "I'm not a physician. I'm a nurse."? Obviously it's just different jobs, but I know some people may hold a physician in higher regard than they hold a nurse and I don't know if they…

R: It could, but most people I think also understand that they're two different jobs. If you find out that this person is a nurse, then they're going to be doing more hands on stuff than their physician is. You know, the physician walks in, spends five minutes with you and is gone. He may not tell you his name or anything else, but I think once they find out that you're they're nurse, that works out ok. I don't think there's a lot issues with that.

I: Does anything interesting happen when you have a male patient? In having a male nurse, I don't know if they may be more or less surprised?

R: Well, again, 25 years ago it could be a big surprise for males and females, when a male nurse came in. I don't know, maybe some of the males would look at you kind of funny when you tell them you're a nurse. Of course, I was asked if I was gay because I was a nurse. But you know, I'm a pretty big guy and I've always been, so usually I didn't have a whole lot of problems. They figured out pretty quickly that I wasn't very feminine. I didn't get accused of that a lot. But most males, I think, again, once you exhibit professionalism and you show them that you're there to take care of them and you know what you're doing, they fall in line pretty quick. If

they're sick, they want help and if you're there to help them then they accept you no matter who you are.

I: Do you see other male nurses that maybe are more feminine, or maybe just not as masculine...how does that work together? I'm trying to figure out what I want to ask...

R: I understand where you're going. But you see it's the same way with females. You may see a more masculine female that's a nurse, so yeah, I mean that's a lot more prevalent today.

I: Are those stereotypes still...

R: I don't think so. I don't think...I've not been confronted with that as much in the last ten years as I have earlier in my career. Because there are more males involved in nursing today. It was, again, 30 years ago, it was stereotypically a female profession and so to see a male in it was very unusual. It's not as unusual today.

I: Do you think...this is just my offbeat pop culture question. Obviously, in the past ten and twenty years there has been a huge flood of shows, reality shows, series that are all focused around hospitals. Grey's Anatomy, ER, Scrubs...

R: Oh yeah.

I: Do you ever see any of those stereotypes play out, maybe that are prevalent in those shows? Or people have this idea, because they've seen these doctor shows, on tv and then they come in as a patient and the hospital is nothing like they what they thought it was in their tv world?

R: The biggest difference I've seen, of course that's gone on forever. Back in the 60s there was Marcus Well-Being and there was all kinds of old shows about medicine and the hospitals. The biggest difference that you see today with patients is internet driven information. That's the biggest difference. You can go to the doctor and he can say, "This is what I think you've got" and you can go home and look it up on the internet and there will be thousands and thousands of, a lot of it is not good information.

I: Yeah. Self-diagnosis. Web-md.

R: Yeah. I mean, a lot of these things, people don't understand, are market driven. People today, they want this medicine or that medicine because they read about it on the internet. Well, that's pushed by drug companies. That's the biggest difference today. It's not so much television. It's internet. There's so much information and unless you know where to go to get good, valid information as a patient, a lot of times you wind up with what isn't good information. You see that a lot more in hospitals. Everybody knows something about what they've got now

because they can find it. And a lot of it is just wrong. And as a nurse, you need to know what's out there. You need to know what information that you're dealing with, too. You know, there's good information too. And so, a lot of these patients have good information and they know right away if you don't know what you're doing. If you come in a say this and this and someone has type I diabetes and you're in there trying to explain to them what type I diabetes is and they've already researched it and know and you don't know what you're talking about, they'll call you on it really quick.

I: I can imagine that makes your job a lot harder. Having people who want to be there own doctor.

R: Actually it does. It really does. It's really important to stay on top of those types of things. But again, today there's so much specialization. If you're a cardiac nurse, you can pretty much keep on top of a lot of the cardiac stuff. It's not, 25 years ago, you may work on a med surg floor, and there's still med surge floors, but you may be dealing with people that runs the gamut of diseases and illness. Today, if you're working, you may be working on an endocrinology floor, dealing with mostly diabetics, or you may be working with cardiac's, or you may be working with kidney patients, or you may be working with orthopedics. So there is so much specialization today, you can kind of focus on one thing today more than you used to be able to.

I: Are there any particular departments, cardiology or neurology, that are more male dominated? I know you mentioned the ER and critical care…

R: A lot of critical care areas. A lot of the units. Again, the ER. That's the big areas, I think, are the critical care areas. And those are, a lot of those are male dominated. You may go in a unit and it could be a ten bed unit and there may be four nurses in there that are male. I mean, so yeah. That's certainly, the critical care areas.

I: The draw of that fast-paced, technological aspect?

R: Yeah.

I: Well I can't think of anything else to ask, unless there's anything else you want to add?

R: I don't know of anything. Again, like I said, I've enjoying being a nurse. I'm enjoying going back to school. I'm planning on getting my master degree in nursing education because I want to do patient education. I've done a clinical this semester at the diabetes center here in Asheville. It's pretty much an outpatient education center and that's really what I'm focusing on now. I really enjoy it. So, that's where I'm at in my career right now. I hope to be able to do it for a

while longer anyway.

I: Do you think you'll see more or less males in that master's program? To get higher up in their education and teaching?

R: I don't think so. In think most of the advanced degree nurses that I see, now there are males, but most of the advanced degree nurses are females. Most of the ones that I've worked with, for example, all our professors at App are all females. They're all either doctorates or they're working on their doctorates.

I: Do you have any male professors? Are there any in the nursing department?

R: Not in the nursing department. Health Sciences which is a new department, I'm not sure, but I'm sure there are in health sciences. But in nursing there isn't.

I: That's interesting though.

R: That's been something, going on for those types of nursing education type programs, has always been female dominated. Again, the males, it's like myself, I had a lot of extra education in technical things. The mobile intensive care nurse, the CCRN. I was somewhat of a go-to person for EKGs, doing 12 (lit) EKGs, but again, that's what I was interested in. I think you see that more with males and females tend to go more into the education side of nursing, so they go on to school. You see that a lot more.

I: I can't imagine not having male professors. I think most of mine are, but I guess in the history, department, that would happen. That's interesting. I appreciate it.

R: Well, you're more than welcome.