

Francine Reeves, RN, PHN Oral history 2010

Interview with Francine Reeves (10:11-17:14)

AS: My name is Amber Shelton. I'm a nursing student at UNCW and we're here to day at the public Health Association Conference to do oral interviews in Wilmington, North Carolina.

Today is Thursday October 28th, 2010 and I am interviewing:

FR: Francine Reeves.

AS: Okay Miss Reeves, when were you born?

FR: I was born September 15th, 1962.

AS: And where did you grow up?

FR: I was actually born and raised in California. My dad was in the military so we moved around from Korea, Japan, Hawaii, Oklahoma, California, North Carolina, we lived practically from one coast to another.

AS: Why did you decide to become a nurse? What most attracted you to nursing?

FR: I wish I could say that it was something altruistic like I wanted to help other people. Sadly it probably was not that. It was more that I looked through the college catalog after changing my major about three times and I looked for any major that I didn't have to take a foreign language for. Foreign languages and I just did not get along. It was either I think industrial engineering, at that time, or nursing. I could not see myself being any type of industrial engineer so by default it ended up being nursing.

AS: Where and when did you go to nursing school?

FR: I went to nursing school at East Carolina University and graduated in 1984.

AS: Please tell me a little bit about your nursing education, especially as it relates to community public health.

FR: I guess in nursing school, in hindsight probably because I was not in the right major I guess, or I had chosen the major for the wrong reasons, I think I went through nursing school actually trying to avoid nursing, which sounds bizarre. That's not to say I didn't make really good grades. I made excellent grades in the classroom and I think in clinical I spent my time kind of making beds and hiding in linen closets to avoid doing any of the innate nursing skills of catheterization or immunizations. When I graduated from nursing school I know I hadn't catheterized anybody, I had started one IV. Well I can't say I started one, at least successfully. I attempted one IV, and I think I may have given less than a handful of shots. So it was kind of like I was staggering through nursing school. At that time at ECU you did your public health nursing rotation during your senior year. All of a sudden it was such a relief to find public health because I found an area

of nursing that I felt like I fit in for the first time. I was able to embrace public health nursing in a way that I did feel a calling to in the hospital-based intensive care type nursing.

AS: What made you decide to become a community health nurse?

FR: Again, when I graduated from East Carolina, at that time the decision was that you really weren't allowed to go into public health nursing initially. That you needed to get some "hospital experience" so I did that very, very briefly for about two months at a community hospital and worked 11-7 every other week. As a newlywed I knew that that was not working well for me. And besides the fact that I knew that wasn't where I needed to be. So I basically went back to the health department and pretty much offered up my first-born child, which I didn't have yet, anything trying to beg a position. Very thankfully they hired me with just two months of hospital nursing and allowed me to start as a public health nurse at the Onslow County Health Department.

AS: Can you please tell me about that first job in community health?

FR: At that time the health department was a little different than it is now. It was very much you were a generalist. For example, I did immunization clinic on Monday, on Tuesdays I did a (unintelligible) health clinic, on Wednesdays I did a pre-natal clinic, I did a Thursday evening family planning clinic, and then on Fridays made home visits for home health patients. So we kind of did everything and were very broadly based generalists. Now, at our health department specifically, our practice is much more specialized. For example we had child health nurses that are dedicated Monday through Friday strictly to the pediatric population and have similar areas of expertise for other nurses.

AS: What is your current position?

FR: My current position is director of nursing at the Onslow County health department.

AS: Please tell me your most memorable story about community health nursing.

FR: Well I have a lot of memorable stories, I'm not sure if they're fit for editing right now. I have a lot of very fond memories. In general I think the practice of public health nursing is a unique field and I will tell you over and over again that it's not like one specific experience. But I've never felt more appreciation for what you do than in public health. There's nothing like working with a family that whatever reason in down on their luck and has lost everything. You can kind of envision yourself their but for the grace of God go off and try. It's very empowering to be able to work and help families and to see the progress of families over the lifespan that you don't get in a hospital where you might see the patient, you know for one shift and then they're discharged before you even come back on shift. Or you see them for two or three days at the most and then you lose touch with them. But to know families from generation to generation,

they're the people that you see at the grocery store, the people that you see at the school and that you go to church with, to see and be a part of their life in a way that you don't get an opportunity to any other way is just an enriching part. And you get as much back from the families that you work with as what you give to them I'm sure.

AS: That's great. I know you said this wasn't really what you wanted to do, but if you had to do it again would you become a community health nurse?

FR: Oh, a hundred percent yes. There's no doubt. Again, I realized very quickly in nursing school that that hospital based experience was not where I needed to be. And I; just really thankful that community health nursing presented itself to me and that people gave me an opportunity to embrace that field. And I would certainly recommend it to anybody else that's considering their options and looking at the diversity and empowerment that you get from the field and the autonomy that you have in your practice. And again, the impact that you can make not just on individual lives but on your whole community.

AS: Okay. Is there anything else you'd like to share for nurses in the future?

FR: Nope that's it.

AS: Okay thank you very much.