Jane Smithey, RN, PHN oral history 2010

Interview with Janet Smithey (0:00-16:56)

WM: My name is Will Mallory. It is October 28th, 2010. We're at the North Carolina Public Health Association Conference in Wilmington North Carolina. And this is:

JS: Janet Smithey.

WM: Alright. Where were you born?

JS: I was actually born in (unintelligible) South Carolina.

WM: Is that where you grew up?

JS: No I grew up in Richmond County, the towns of Hamlet and Rockingham, and then moved to Wilmington in my adult years when I was late 20s.

WM: Why did you decide to become a nurse?

JS: When I was growing up I had an aunt who was the head nurse at a local hospital in Rockingham. I had two sisters so the three girls, her three nieces, were trained as nurse aids by her at the local hospital. We worked as nurse aids while we were in high school. At that point I decided healthcare was where I wanted to be, and I didn't want to be the aid the rest of my life, I wanted to be the nurse in charge.

WM: What most attracted you to nursing?

JS: You know, nurses are generally nurturing people who want to help people and I think part of that is a personality thing. People who want to be in healthcare want to help other people. Loving biology and anatomy and the sciences I think plays into wanting to be a nurse.

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

JS: I went to Mercy Hospital School of Nursing in Charlotte, North Carolina which at that time, I think it still is one of the three year diploma nursing schools still open. So I did a three year diploma there and later after I was married and had children I went back and got my Bachelor's of nursing through the Graceland College in Iowa.

WM: How did your original nursing school incorporate community or public health into your curriculum, or did they?

JS: They did not. Diploma programs do not include community health. So after I got into public health, I began working in public health without that experience, I was told by my boss that if I wanted to be promoted I needed to get my bachelor's degree and take my community health parts. In public health if you don't have a bachelor's degree when you're hired you're required to go to a community health course through UNC Chapel Hill within the first year of hire. So if we hire a two year graduate or a three year graduate they have to take that community course from

UNC Chapel Hill. The state pays for it and everything. I had had that in my first public health job, but with a diploma he said “you’re not going to be in supervision or management if you don’t get your bachelor’s degree”. So I went back and did that part time over four years.

WM: Okay. Is that statewide policy or is that an organization?

JS; It’s statewide policy. North Carolina requires it if a public health nurse does not have a bachelor’s degree they have to take the community health course.

WM: Where do you work right now?

JS: I work at New Hannover County health department in Wilmington, NC and I am the personal health services manager, which is the nursing director plus I have all the social workers, mental health therapists, dental care, nutrition, lab, anything to do with health is under me as the nursing director.

WM: Why did you become interested in community health? Or what led you to that?

JS: Truthfully, you may hear this from other public health nurses, eight to five Monday through Friday and holidays off is what got me there. When I was married and had my first child, or maybe my second child, the shift work at hospitals makes it really hard on the family. Basically the first public health job that I took in Richmond County was to get and 8-5 schedule. But then I fell in love with it and now I’ve been in public health for 28 years.

WM: Was a public health nursing job your first nursing job after graduation?

JS: It was not. I did work in the hospital that I had been an aid in. Right out of school I worked in a CCU/ICU, a small one. Then I worked in an operating room for a year. I worked on an IB team, and really loved it all but couldn’t figure out what I wanted to do long term and then decided that I needed a normal schedule and got the public health job.

WM: What was your schedule like working in the ICU and the CCU? Was it the typical 12 hour shift?

JS: I think at that time, this was many years ago because I graduated from nursing school in 1978, there was less of the 12 hour shifts going on. It was more of a 7-3, 3-11, 11-7 thing and working every other weekend, holidays.

WM: Tell me about your first job in community health.

JS: That was at Richmond County health department in Rockingham, a very small health department. We had a total of five or six nurses, whereas right now I supervise sixty-something nurses and sixty other staff where I am now. You might be the child health nurse, the family planning nurse, the maternity nurse, that kind of thing. We each ha dour roles, but we also worked in all the clinics there. In fact I did lab work. I read things under a microscope. As a nurse you just did anything that needed to be done. I was there for three years.

WM: Was this a very rural population?

JS: It was.

WM: So a low population?

JS: Yeah you know, a poor population. We did a child health clinic one day and a family planning clinic the next day, WIC the next day. And then we had one day a week where we all had a district, we all had to go out and do home visits. We might be visiting a mother with a new baby. We might be visiting a TB patient. But we did everything, which really helped me when I moved into the larger health department, that I had the experience.

WM: So did you enjoy it?

JS: I loved it. Loved doing some of everything. Working with pregnant women, babies. We did STD testing and treatment, TB. It was a really good opportunity for some basic training in our health department.

WM: Out of all those areas, if you had to choose a favorite area what would that be?

JS: My heart's kind of split. I love communicable disease outbreak control, like the H1N1. My other love is the mother/baby, making sure that women have the knowledge they need, especially low income with lack of support systems, lack of money to do the best job, but that they can be good parents no matter what their income level is. I did a lot of home visiting in my years with mothers and babies.

WM: Tell me about your most memorable story about community health nursing. This can be a time when you made a significant contribution to your community, or people within your community, or a time when something went horribly wrong, or something that happened that inspired you.

JS: There are lots and lots of stories. A couple of situations that come to mind are when I was home visiting young mothers and children. There were many times when I came to homes where you could hear the kids in the house but nobody answered the door and you weren't sure if there were adults there. There was a lot of abuse and neglect in some of those families. I was having to call social services a lot. We were working with foster children. I worked with a lot of social workers and I would say "You know, hey let me take those kids home with me while you guys find a place for them". And finally they kept saying "Janet you need to be trained as a foster care, then you can take some of these kids home temporarily". So finally my husband and I went into the foster care program. And subsequently after having foster children over a five year period, I ended up adopting a daughter who is now 19. It was good that I got out of that because I didn't need to adopt any more children. I've got two biological children and then her. Another thing that I think was really significant in my career is the first job that I took when I came to

Wilmington, to New Hannover County, was the sexually transmitted disease care nurse. I was the STD nurse. That was a rude awakening. I had done some STD in Richmond County, but here it's a bigger town. We saw people every day with STDs. It was the beginning of HIV. When we first started testing it was anonymous. Then they went to confidential, but originally there were no names used because they were scared people would be tested. I had to give news to people that they were HIV positive, when they came back with the test results. In the early years of HIV, the very beginning of it I was involved, and even today being involved with pregnant women who are HIV positive and their children who're positive. Subsequently in my years I've seen some of those children die. But now HIV is a chronic disease. It's not a death notice. It's really different. It still needs to be prevented. It's not good to have it. It's very costly in a lot of ways, socially and medically. Now children aren't born with HIV for the most part because women are on medicine, it doesn't get transmitted. So to see those changes over the years in public health are just great as far as I'm concerned. The stories that I used to hear from people when they came in to treated for STDs were dinner table topics at my house, my sons will tell you. It was quite enlightening to hear people when you were asking about sexual partners and sexual practices, and we learned that what you had to say was "who are you talking to?" not "who are you having sex with?" just little things like that that we learned over the years that stand out to me. Lots and lots of situations where if you told people what you did they just wouldn't believe it, the kinds of things that you encounter. The general public just doesn't understand what public health is about, or how many STDs are out there.

WM: Going back to working with HIV patients, when HIV was first coming around, tell me more about your experience having to start out with as you said a much larger population and seeing this more often, how did you deal with having to tell these patients they were HIV positive? It's kind of like a culture shock almost.

JS: It was at the beginning. The first public health testing, we had state training, we had all kinds of training on how to dialogue with them, talk about risk factors, how to give the news, what resources were available, and there weren't a lot then because of the stigma. In fact we had one infectious disease physician in Wilmington at the time who would see the HIV positive patients, and he pretty much had to leave town because his practice became totally about that so nobody wanted to see him for anything else. But I remember one time having to tell a married man that he was HIV positive. That was pretty tough. He was a young man who was married and had a child. He had started having some symptoms and got scared and came and got checked. According to the story it was from previous relationships before the marriage, but he then had to tell his wife he was HIV positive. So that was pretty devastating. Some people came in feeling

like were, or they were gay. They knew the risks. They were drug users. They knew they had risk and they knew it was very possible they had it, but when you had someone who was basically heterosexual and they had a relationship that they were unaware they were someone had HIV, that was pretty devastating. Even situations like a young woman with herpes that I spent numerous counseling sessions with because she was so devastated over that. And yes, it's something you carry the rest of your life. It doesn't go away.

WM: Moving on, if you had to do it all again would you be a community health nurse?

JS: Yes. Actually, when I went back to school to get my Bachelor's degree I had to do some clinicals at the hospital again on the weekends, like nuero trama unit, I did some home health. I had to do some more clinicals to get my bachelor's degree as I was working full time in public health. I had a lot of people trying to convince me to come back to the hospital. I was like "no, this is the land of death and dying. I want to go back to living and prevention". One of the good things about public health is that we focus on preventing things. We focus on preventing child abuse and neglect, preventing unwanted pregnancies. We do a lot of birth control and family planning. We provide good nutrition for children on WIC. You know, those preventive kind of health issues that I enjoy so much.

WM: So it seems like, thinking about that, reflecting on the preventative health in that first experience you had in your community clinical, that probably impacted you as well deciding to go into community health nursing in addition to the scheduling.

JS: It didn't take but a year or so before I was convinced that's where I would be for the rest of my career.

WM: Is there anything else you would like to share with nurses in the future who are interested in community health nursing, or any other stories or anything?

JS: As a nursing director who does hire we always encourage new graduates to get out to the hospital setting, or a doctor's office, or a nursing home for a year or two to get their feet wet and get a little more independent. But public health is a great place to be because it's family oriented for a work schedule and because there's so many areas. You can work in a maternity program. You can work in a TB program. You can work in a clinic. Just different things that you can do during your career. The thing about it is, public health nursing is a very independent practice. We don't have doctors looking over us. We have rules, laws, standing orders. A lot of health departments don't have doctors in the clinic, they have nurses and nurse practitioners. Nurses are able to do more and use their judgement to make a lot of decisions. When you're in a home or in a school and you're the health care provider it's a very independent assessment skill and practice that you need to employ. It gives nurses a lot more independence I believe.

WM: It seems like an important part for students, too, to experience as part of their clinicals.

JS: Just to see all the avenues of nursing. That's what great about nursing overall. They're so many things you can do whether it be mental health, or nursing homes, or occupational health, or public health. They're just so many things you can do, including hospitals, but that's the obvious one.

WM: Just to go back, I wanted you to state your name again and when you were born.

JS: Janette Smithey. I was born March 12, 1957.

WM: okay, thank you very much. Is there anything else you'd like to add?

JS: No thank you for doing this.