

Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

Nature of restrictions on use of TRANSCRIPTS: *None*

Nature of restrictions on use of TAPE RECORDINGS: *NONE*

Leona Pearson
Interviewee (signature)

3-11-87

Date

LEONA PEARSON
Name of Interviewee

*Modified from: Charlton, T. L. (1981). Oral History for Texans. Austin: Texas Historical Commission. p. 64.

This Joyce Finch, Ph.D. Today is March 11, 1987. I'm interviewing for the first time Mrs. Leona Pearson. This interview is taking place in her home at 5826 North 86th Street, Scottsdale, Arizona.

This interview is sponsored by the Arizona State University College of Nursing and the Arts, Social Sciences, and Humanities Council. It is part of the Contributions of Cadet Nurses Project.

JF I thought that I would begin by going back and looking at your nursing experience. What year did you graduate?

LP I graduated in 1944.

JF And in your school of nursing -- now I'm inferring that at that period most of them were hospital schools -- but was your school a hospital school?

LP My school was a hospital school, with a three-year diploma graduate school.

JF And how large do you think your hospital was?

LP The hospital at that time was about 360 beds. At this time it is much, much larger and has two different hospitals that are connected. They had the same original school until this year. I received notice recently the hospital was phasing out their nursing program.

JF When you went into your nursing, you said 1944?

LP Right. I went into the program in 1941 and graduated in 1944.

JF So you actually went into the Cadet Corps way in the middle, or toward the end of your ...

LP It was toward the end because I went in at the time that the Cadet Corps was announced in our school. That's when it first came out. 1943 I believe it was.

JF 1943. I think it was about the Fall of '43 that they released the moneys and started signing people up. Well, how large was your class, as best you can remember. At the beginning and the end.

LP My class started with 50 and I believe there was around 45 of us that graduated, something like that.

JF That was a good size class. Not much attrition there.

LP Yes, it was nice.

JF Did you have any affiliations in your program?

LP With a college or ...

JF Well, with a hospital for some clinical experiences or with a college.

LP We had a junior college where we did a few classes, we had, naturally at that time it was mostly ... A lot of doctors lectured to us for a lot of our classwork. We had our own hospital where we did our clinical studies. We also traded studies with the St. Joseph Catholic Hospital. That is another area that this particular company has taken over now. But we had classes together with them, and did study on certain expertise that they had.

JF So you had a combination -- some junior college and some hospital-organized classes.

LP Right.

JF One question related to that. Had you worked before you went into nursing school?

LP I worked ever since I was 14 years old, I guess.

JF Well, I was thinking in terms of a self-supporting kind of thing between high school and nursing.

LP Yes, I worked as a babysitter with five little children while the mother worked. She was gone and only came back for the weekend. When I was about 14. My family was not able to support me going to high school. We lived far, far away. I always had in my mind that I must get a good education, and I wanted to get one. So I just worked at the small fee that we always got and saved money. Then I helped another family after that. Then I started to high school. I walked five miles my first year of high school to a bus that took me [to high school], which was about eight miles from our house. The bus was three miles and I walked five miles to it. After January of my freshman year, I worked in town and stayed at the superintendent's home, and got money on the weekends by staying with their children, and helped them out.

JF Now, when you say superintendent, do you mean "of schools"?

LP Of schools. That was when I was a freshman in high school. Then I worked in a restaurant when I was a sophomore and stayed in town, paid for my room and board with a nice little old lady that was so sweet. Then a couple who owned the restaurant seemed to like me real well, so they kind of took me under their wing. The Fall that I went in school as

a sophomore, they just more or less supported me. They helped me through my nurses' training.

JF So the Cadet Corps made you more independent when it came along.

LP Right. When it came along I said I really thought it was wrong for me to take money from this nice couple. I wanted to be their good friend, I didn't want to be a moocher. When this came along I thought it was a good opportunity for me to be on my own a little bit. It did help.

JF But it does sound as if, even though you were very young when you went into nursing school, you'd had quite a bit of experience managing and organizing your time, getting things done.

LP Yes, and everything like that. However, I wasn't really that young when I went into nurses' training. Because of the complications of not having transportation to go to school and funds and things like this, I was out of school for two years from my grade school until I started to high school. So, I was two years older than some of the high school kids. I was 19 when I got out of high school, because I started grade school at five. I always loved to go to school. My grandsons just can't understand that.

JF Some of those fun things, I think, maybe have changed. One of the things I wanted to ask you, and since you went in in one of the very first groups to go into the Cadet Corps, were you sworn in? Did you have any kind of quasi-military swearing-in that committed you in a special way, or did you just sign up?

LP I just signed the paper and we had no ceremony whatsoever in our particular school.

JF So you graduated then in 1944. But you had made a commitment to work for the period of the War?

LP No.

JF You did not do that?

LP There was not a commitment. You did not have to go to the Army if you didn't want to. However, I did choose to go and I was in the Army for a year.

JF And that was your first professional job.

LP Not necessarily. When I first got out of training, my Superintendent of Nurses, I mean the Director of Nurses, wanted me to work as a supervisor in the hospital. I worked as a supervisor until I got this patriotic dream

that I should go help out. My Director of Nurses was very upset. She said, "We need people like you here, too."

JF Well, that was part of the problem.

LP But I went into the Army.

JF Okay. I'm getting ahead of myself just a little bit here. Part of the provisions of the Cadet Program were that people might have an experience away from their home hospital for the last six months. This might be in the military or V.A. or public health department. Did you have an experience like that?

LP We did not have to go away from our particular hospital for any experience like that. Our public health was through the city's public health department, and we had some excellent experiences through that. They didn't say that it was necessary for us to go to V.A., military or other public health outside our own hospital.

JF Well, it sounds like you wanted to stay there -- sort of like that was a choice that you made at that time. But that is interesting that you had some public health, because we don't always think of hospitals schools offering that.

LP We did have it at that time.

JF What city did you train in?

LP St. Joe, Missouri.

JF I was thinking of maybe New York or Chicago because they certainly have very big public health. That's very interesting.

LP The way we did our public health was we had dietetics and public health in the same semester. In the mornings we had our dietetics. In the afternoons we had our public health. We went a full semester for our public health and a full semester for dietetics. Our semesters were cut up. Ours was a full year, I mean we didn't have vacation. We never had vacation at all. We had a little time off for classwork, but very little, and that was all the way through. The time that we weren't having classwork, we were having clinical work like our surgery. We had six months of Surgery, six months of the Obstetrics, and the whole thing was fixed up in the three years. We covered everything to the fullest.

JF What did you do then in the last six months of your three-year program?

LP In the last six months of our three-year program we did more supervision and that sort of thing. We were managers. We

were able to manage a floor like a head nurse. We were under a supervisor, but the seniors in the last six months of a senior year were the people that actually trained some of the freshmen that came one.

JF So, sort of like a student teacher.

LP Right.

JF And you did have supervision for that role?

LP Yes. We had supervision -- the house supervisors that counseled us. We had that role.

JF It sounds like in a class of 45 -- did you all do that or was that a special experience that you had, the supervising of students?

LP Everybody was supposed to go through that training. They gave them a choice whether they wanted to do that or whether they wanted to stay in Surgery, for example. Some of my class, I know two or three of the girls, stayed with the field they liked the most. If they liked the OB, they would do more studies in that. Or they would stay with that in their last six months of their schooling, or their last time of their senior year. There was one girl that loved Surgery, so she stayed in Surgery. We worked all three shifts -- in our training.

JF So there were some choices within the program for people.

LP There were some choices of what we wanted to do.

JF Okay. So then you had graduated, we had started talking about this. I had thought if we looked at decades to see what was going on in the particular period of time and then explore those it might be easier. The first thing you did after '44 is you worked in the home hospital.

LP Right.

JF And what was your position there?

LP It was the title of Supervisor, but actually it was the same role of what Head Nurses do here now.

JF So that was your very first job?

LP Yes, professionally. That was when they changed and they decided that every floor must have a daytime supervisor. Every floor must have one. Instead of having a one house supervisor, the year that I graduated they decided it would be better if they had an employee of the hospital to be responsible for each floor. Instead of having one supervisor and then the seniors taking that role. You know

it was politics, kind of. Some of the graduates would make suggestions and get up in arms. When I was a freshman, the seniors of the year when I was a freshman, decided it was not necessary for the nurses to be on 12-hour duty, which they were all the time then. So it was that year that they changed from 12-hour duty to the 8-hour duty, and nurses did not do that anymore in our hospital.

JF Yes, I was just thinking that our students would be pretty exercised if we gave them a 12-hour shift in 1987. So you were actually still in training or just leaving the educational program when you saw some real changes that were taking place, that were more or less liked. Not every change is 100% adopted.

LP Right.

JF What kind of patients were on the floor where you were the supervisor?

LP It was Med-Surg. We had some medical patients and burn patients that would come in. We didn't have a burn unit, so to speak. We also had surgical patients there. And, of course, that was the day where you did not have recovery rooms. We did not have it at that time. The surgery nurses would bring the surgery patients right down. On the floor where I was the supervisor, that's the kind of patients that we had. Of course, we did have, in that particular hospital, some large wards with about six, seven or eight patients there, and a lot of our county patients would be in these wards. Some of them were paid patients, and some of them weren't. We had a lot of private rooms, and it was just kind of mixed like that. We did not have ICU, so trauma patients were admitted to any Med/Surg. floor.

JF But it sounds like there were very sick patients coming through, didn't it?

LP Yes.

JF I think of burn patients as being very hard, difficult people to work with.

LP I don't like to work with burn patients. It wasn't that I had a bad experience with it, it's just that they are so painful. This experience that I had was with a burn patient that was 90% burned. He had fallen asleep in bed with a cigarette and, of course, he'd probably had several beers or something. He burned from his neck all the way down. He was so uncomfortable and there wasn't anything that you could do about it.

JF And that's not what we went into nursing school for, to not be able to help. So they are very difficult.

LP We wrapped him. They had a lot of different things that they did then, very similar to what they do now. But nothing would help because, you know, when you're burned ... And the tissue gradually gets worse and worse and worse, instead of getting better and better, which you'd like to have it do.

JF Did that patient die?

LP Yes, he did die. He was a young man, too.

JF I think that's one of the tough things about burn patients.

LP Yes, the emotions from the whole business was really very high. So I just never did like burn patients. But I took care of a lot of them after that, too. But I still don't like them, I don't like to work in a burn unit.

JF How long did you do that before you went into the Army? I think you did say the Army, correct?

LP Yes. I went into the Army Nurse Corps. I guess it was only about eight or nine months after I graduated.

JF And you were in the Army for one year?

LP I was in for almost a year. The Armistice was signed. I was married at that time and my husband had gone overseas. While he was overseas I thought I would do my patriotic duty. And I did get out before he got home.

JF So, if you were in a little less than a year, you were probably stationed here in the United States.

LP Yes I was. I was in Denver the whole time.

JF Now, what's the hospital there?

LP Fitzsimmons. I took my boot training at Colorado Springs. It was very beautiful around there. Some of the people that I became acquainted with and I had just the nicest little trips up in the mountains. There were a couple of dietitians and another little gal whose husband was in the Navy. She was kind of like me and we "paled" around. I am very tall, and she's just a little short thing like this — they called us "Mutt and Jeff".

JF Sounds like a fun time.

LP Yes, it was fun. And it was a good experience. But I didn't care for the Army life as a career.

JF Were you in Surgical, or Orthopedic, or Medical, just what kind of work did they have you do there?

JP Fitzsimmons at that time was a Tubercular unit primarily. A few buildings were for Med/Surg. and Orthopedics.

JF Oh, I didn't know that.

LP It was at that time. There was an awful lot of tubercular patients. I took care of tubercular patients and also was on an Orthopedic ward for a long, long time. I was in charge for several months on an Orthopedic ward. I went to the TB ward on the night shift and was in charge on nights in a 200-bed, two-story ward. I had an orderly to help. And the orderly and I took care of these patients. Lot of them could get up and take care of themselves, but on the bottom floor, they were extremely sick, very sick. We took care of them. It took a lot of management, you know?

JF Yes. I was just thinking that was a big job you had.

LP It was, it was. But you take things one at a time and do what you can do. You take care of the sickest more and teach the others how to take care of themselves.

JF So that must have been about '46 when you went out of the Army?

LP Yes.

JF And you were married and your husband was home from the military?

LP He wasn't home until I got home. I got home in December and he got home right after that.

JF So after you went out of the military, what did you do?

LP Well, I went to my hometown in Missouri and got a job in a small hospital there. I knew a lot of these people. You know in your own hometown, everybody knew me. This hometown doctor had a little hospital there. So I worked in his hospital. Then when my husband got out, we decided to live in this little hometown because his family had a store there and they wanted him to help them out. So we built a house there after awhile. I quit work and we had our three kids.

JF Now, when did you quit work? What year are we talking about now?

LP I quit work about two weeks after I knew I was pregnant.

JF 1947 or '48?

LP 1947. Let's see, it was soon after my husband came home.

JF Okay. And you had three children.

LP Yes.

JF I don't want to suggest that you were not working -- you were not working outside the home for money.

LP Yes, I understand.

JF How long was it after your three children were born that you went back into nursing?

LP When my youngest daughter was born, when I was in the hospital everyone was telling me how short of nurses they had and everything. They said, really they were so short of nurses. And I said, "Oh well, you'll find somebody around here."

JF This is still in the same town?

LP A hospital was about 15 to 30 miles away, because our small town didn't have a hospital. We had a hospital at this end 15 miles away, and one at this end 30 miles away and another one about 60 miles away. I worked in all three of them before it was over. But, where I had my youngest daughter they were talking about this. So when my youngest daughter was probably three or something like that, I did some part-time -- 3 to 11, about two nights a week in the hospital 30 miles away, and one night a week in the hospital 60 miles away.

JF Would that be about 1955?

LP 1954, something like that.

JF So you were part-time and commuting, 3 to 11.

LP Yes. And I did the part-time at the hospital that was the farthest away, the 60 miles away.

JF Oh, you jumped right in.

LP My husband didn't necessarily want me to do this, I didn't absolutely have to, but I just felt the need and I felt like I wanted to be of service. They were crying that they needed help. You know, I'm so soft.

JF But, it was something that you could do that not everybody could do. I'm sure that they looked at you and said, "Wow, there is a person who can be a nurse."

LP Yes.

JF So, you did part-time for awhile.

LP I did part-time until, let's see it was about 1957. No, it was 1956 and I was approached by an administrator of a small hospital that had just gotten built about 15 miles from our home. She wanted me to be the Director of Nurses. I had never gone into anything that heavy, but she thought I could do it. So, I became the Directress of Nurses and I was there until we got ready to come here.

JF I presume when you were doing part-time that was like Staff Nursing or Charge Nurse?

LP Yes.

JF Which is hard work.

LP It was mostly 3 to 11. I was Charge Nurse.

JF That's a big jump from part-time to full-time and, say, charge nurse and staff nursing to Director. How did that work?

LP Well, I had a lot of support. However, at this small hospital the Administrator at that time was not medically oriented, so I had to set a lot of guidelines for the hospital. The staffing was one of the hardest things, because in a small area like that, a farming community, you don't always find RN's where you would like to have them. But, we were able to get enough RN's that we were able to have good coverage of the RN staff. Then we trained people for support, some Nurses' Aides and occasionally we had an LPN that had been trained that would apply, so we could fill them in to help out. We had enough RN's to cover all shifts.

JF During this period, did you have any additional education or continuing education kinds of activities, or even consultation, say from the state, when you were working as Director of Nursing?

LP I contacted my American Nurses' Association in Missouri. I got a lot of assistance through them in that field of Director of Nursing. They helped me an awful lot in that respect. Everything that I could get my hands on was reading -- a lot of self-study. There was never any formal seminars and things like that that we attended. Like they have today. It was all your own ideas.

JF I am trying to think back. When you think about the Nurses' Association, they did have the occupational groups then. Was there a Director of Nurses group, or a Nursing Administrators group?

LP If there was, we were too far out I guess for us to attend. This particular town was 115 mile from Kansas City, and that was quite a ways. Of course, nowadays 115 miles is just a short distance when you get on a freeway. But, then, roads weren't that good.

JF So then you said that you did work at the one hospital as Director of Nursing until you came to Arizona?

LP Yes.

JF And when was that?

LP We came to Arizona in 1961. I quit a little before '61, then we came here.

JF And did you work here right away, or was it awhile before you worked?

LP Well, we got here in July and we had our three little kids, and we decided that we wanted to have a change from Missouri. We came in July thinking that if we can't stand July, then we can't stand Arizona. My husband had no job and I didn't have a job. He found something and worked. We got the house pretty much in order. We rented for a year because we didn't want to buy right then. Then in October I got restless at home and decided I had to go to work. We had one car. My husband was working the day shift, I took a position. I went out one day and decided to look for a job. I went to Good Samaritan and didn't go any further. They hired me there. I went to work at night. I used the car at night and my husband used it in the daytime. I did night duty for three years there.

JF What kind of nursing where you doing, was this Medical-Surgical?

LP It was Med-Surg. at night for one year, then I went to Intensive Care. I worked in Intensive Care on the night shift for probably a couple of years. Then I applied for an Assistant Head Nurse job on an Orthopedic floor and got that. I was there for a year, I guess. Then there was an opening for an Assistant Head in ICU, so I applied for that and got it and was in there for a couple of years. Then they needed a supervisor for the 3 to 11 shift and I applied for that and got it. I worked for a year with that.

JF Now, going back to when you worked nights. You worked for a year Medical-Surgical and then you said you went into Intensive Care. Was that like a brand new unit of Intensive Care that they were establishing, or had it been in operation for awhile?

LP No, it had been in operation. It was in operation when I went to work. But, there was an opening and I got acquainted working the night shift with some of the girls that worked there. I said, "This looks interesting, I think I'd like to do this." They said, "Well, apply. We need a lot of help." You know how nurses get together. So I did apply and got the position in Intensive Care and I liked working there.

JF Now, that was a different kind of role than you had done before, because you were in administration and more general medical; this is much more specialized. Did you have any continuing education for that or did you train on the job, so to speak?

LP Just what the hospital gave.

JF Did they have a somewhat formal program to orient you and get you started?

LP Yes. But also, working in a hospital that did not have an Intensive Care, you had all those people that were sick like Intensive Care people on your wards. So, as far as the experience on this kind of nursing, you got it but it wasn't in one little central unit.

JF Okay. So it was more like you just reduced some of your workload down to a smaller space and a smaller group of people.

LP Right. And then, too, with Good Samaritan they didn't have quite the automations of those things of what we have now. But they had a few of them. We had one or two. We did some studies on IV pumps, and things. Now, every unit -- my gosh, even on the floors they have IV pumps, four or five different brand names. When I was working at Good Samaritan in the Intensive Care, we had one or two patients that we studied an IV pump with. Somebody had brought one in for us to try out.

JF So this was like research, product development?

LP Right.

JF I would guess that that was a very energetic period for that kind of thing. So you got into ICU, but then you liked administration and so you got transferred.

LP Well, I didn't know. I wouldn't say that I liked it any better than working on the unit. But there was an opening there and it was more money. I was interested in getting more management type situations, getting into something like that.

JF But you were a little bit more in control of your hours, I think, when you were Assistant Head Nurse, than when you were a Staff Nurse, weren't you?

LP Yes, I guess in a way, although not necessarily.

JF Were you on days all the time?

LP I was on days all the time.

JF So you didn't have to rotate in those positions?

LP No. Well, we didn't have ... A lot of our staff did not rotate at Good Sam. at that time. The people were working one shift and then they stayed on that one shift. They had the night and the daytime shift. There were some people, if they wanted to rotate to the night shift, why you could. And I know a little later there was a need that they needed to do the rotation such as you're speaking of. But, at that time they had staff.

JF So that if you were working 3 to 11, for example, and you decided that that was not a good shift for your anymore, you would wait for an opening and then apply for that opening on another shift.

LP Right.

JF Was that very competitive, or were you pretty certain to get what you wanted?

LP Well, I never had any problem with it, I'll say that. I don't know how many people applied. I really don't know about the others. If there was an opening, I'd just apply.

JF One thing I just thought of. I was up at John C. Lincoln at one point, and the nurses -- they had a very nice emergency room -- and I remember that the nurses said there was a waiting list of about four years to transfer into the emergency room. It seemed that there were a lot of people interested in the same thing, and they had just worked it out in a seniority system. Well, you were Assistant Head Nurse of the Intensive Care Unit. What year, about, are we talking now?

LP It was 1967. I went to work in the Fall of '61, and was Assistant Head Nurse in ICU in 1964, then Supervisor in 1965.

JF Now, some new things ... You were saying that back when you were in nursing school you saw the demise of the 12-hour day and then you were talking about your Good Sam. experience where there was a lot of product development, research, and that you may have not been in the first ICU experience, but you certainly were in on the ground floor of Intensive Care for patients. Were there other interesting new developments that you look back on as part of your experience up to the point of about 1967?

LP As far as management and things like that, I don't.

JF Just whatever struck you as new and novel.

LP There was a little difference in the nurse-doctor relationship. When I was in training the minute the doctor came in, why, you stood up or you would be reported. You had to really show grace to the doctors and everything. As time went on you began to feel, rather than inferior, you felt more like their equal. It seems to be getting better and better on that respect, though it isn't completely equal yet. They won't accept you as their equal, but it's better than what it was.

JF How do you explain that change to yourself?

LP Well, I believe that doctors are realizing that the nurses are becoming much more educated; they are able to handle some of the situations through their different education, I believe. The doctors have felt that the patients are getting better because of what the nurse is doing, although some of them still will not admit it. But some of them do now. The nurse is with the patient many more hours than the doctor now, and the total watch of changes is done by the nurse, and the doctor is notified when there is a need. In the past, doctors spent many hours with their patients.

TAPE TURNED OVER HERE - SEEMS TO BE A PORTION MISSING.

JF And what did you do then?

LP I was going to school at ASU. All this time from 1962 I was taking classwork. And I was doing classwork either through the hospital there, they would have some extended courses there, or I would take formal studies down at ASU. I always liked to do classwork. It was interesting for me to do this. I had taken several courses and then I was approached by the Director of the Infirmary [ASU] to come there and work in their Infirmary in 1967.

JF Now, this is on the campus?

LP On campus. And I was taking classwork. I thought this would really be nice as far as my travel experience was concerned. Also, traveling from home to Good Samaritan was really very difficult at times because the traffic was so bad. It was just very crowded, and I was getting tired of doing that. I felt, well if I was going to school at ASU and I could work at ASU, then I could combine the travel experience, the travel time, by going down there for work. I could study there and go to class. I worked the 3 to 11 when I went into the Infirmary. I thought that would be a good opportunity for me to get my classwork and also make some money. And it would also be less difficult on my traveling. So I quit Good Samaritan in order to do that, and it mainly was because I was going to school and the travel time would be better.

JF So you really switched if you were Assistant Head Nurse in the Intensive Care Unit.

LP No, I was Supervisor at that time.

JF Oh, so you must have been Head Nurse at some time?

LP No, I bypassed Head Nurse. I went from Assistant Head Nurse to the Supervisor position on 3 to 11.

JF I didn't connect that, you probably told me that and I let that slip.

LP And I was Supervisor for about a year, maybe a little longer.

JF Okay. Well, that was a big shift from Intensive Care patients to Infirmary patients -- the age group of patients and the kind of illnesses that they had.

LP Oh, yes. I couldn't stand it after I got there. I worked for them for a year and a half, but it was so different. But I had a lot of time to study because there wasn't anything else to do.

JF What kind of illnesses did they have, the college students?

LP The college students -- some of them were emotional upsets and occasionally we got people that had the flu type thing. Occasionally we had, I think, people that had taken a little bit of drugs. We didn't have any major problems in that respect. You know, just minor little things like that.

JF But the pace you went must have been just really a drastic change.

LP Quite a change, because being Supervisor of a 250-bed hospital, which is what the size was ... I had a helper,

there were two of us supervising in the evening, and she took care of half of the floors and I took care of the other half. We were not supposed to take care of Rehabilitation. That was built at about that same time. But we worked together on that. You took care of everything that came up, you see. The nights that she was off I took care of the whole house from 3 to 11. Of course, I had people I could contact and call if I needed to. But then going from that to the mediocre thing of an Infirmary was quite a change. I could not have stood it if I hadn't of had the classwork, and that was the purpose of going.

JF Is it correct to infer then that you stayed there until you graduated?

LP No, it isn't, because I worked and it was really a drag working in an Infirmary like that. I took a few classes along. I was very bored with this kind of nursing. Of course, ASU's Infirmary is closed in the summertime, and the first summer that it was closed I went to the Camelback Hospital and applied for work there for three months. That was another good experience, too. I like these good experiences. I worked for three months at the Camelback Hospital on 3 to 11 shift. It was a good experience, something that I wouldn't trade. I worked in the locked area, or the open area, and I worked in all the other places. I saw some very interesting things in that three months. Then, I went back to the ASU Infirmary and then in the Spring, I decided that I was going to apply someplace else, because I just wanted something more exciting. I applied at Scottsdale Memorial and got a position there in 1969. I found out when I got my physical to do the position, that I had thyroid problems. I think the thyroid problem was telling on me before that, but I kept right on going. So, I went to Scottsdale Memorial and I kept taking maybe one or two courses down at ASU and kept up my classwork some. Then after I had my thyroid surgery, my health more or less kind of changed a little bit at that time. I had to get my health back. I just could not function like I was before and had to let something go. So, I dropped a few of my classes because my grade level went down, and I had been keeping it up. Bea Steffl was my advisor and I love her dearly. She helped me so much. But because of my health, my grade level went down. Then, too, I got enough credits to where I was going to have to stop working and go to school full-time. At that time, I couldn't do that. I had three kids in college and high school, and things like that. Even though I wanted to get my education, their education was more important. And I couldn't stop work and go to school full-time. So, I just dropped going to school there for awhile. I would pick up a few in-service and a few other courses just for my own pleasure. The in 1980 I got to feeling quite a bit better. I did a lot of seminars and things like that. In 1982 the University of Phoenix announced that they were looking for

applicants for the nursing program that had just started, so I applied and was in the third class that they had. The first class, one or two people stayed in it; the second class I think phased out completely; I was in the third class and there were 15 of us that started and 13 or 14 of us completed the course. There were times when half of our class would just get really down and we would all go together for support. We supported the group and everybody worked together to say, "Hey, you can't quit, you've got to keep right on doing this." The nice part about the University of Phoenix program was I was able to work full-time and go through the program. The University of Phoenix program covered everything and it had excellent studies. I've looked into a lot of different academic schools and things like that. Their program was really excellent. It gave you the ability to study as hard as you wanted to study or you had a level that you could go to. You could really get into the research and stuff. You could do as much as you wanted or as much as you could do. I enjoyed the class and, of course, having as many credits as I had at ASU it helped me immensely.

JF Now when did you graduate from the University of Phoenix?

LP I graduated in 18 months, and that was in; let's see, I started in 1982 and graduated Spring of '84.

JF That's been a long road getting your degree, hasn't it?

LP Yes, it was a long road, and a lot of people would think it was absolutely foolish, being my age, to get a degree. But I had 119 credits and I wasn't going to let them dangle up there with nothing attached.

JF Well, I think you have to have an "A" for perseverance and persistence there. Now, what is your degree, it is a BSN?

LP A BSN. It is in nursing. Of course, the University of Phoenix is not accredited by the NLN, but they have applied for it. The first time they applied, the main reason they gave them for not allowing them to be accredited was because they did not have enough full-time employees, I mean full-time instructors. They had good instructors, but they came in and they were not on a full-time basis. ANA supports the University.

JF Their philosophy of teaching and practice is very different, I think, than a lot of universities.

LP In a way, it is, but they believe in the person using their own self guidance type thing. The students were expected to guide themselves to a certain extent. They had guidelines to follow by, and then they were able to do what they could do with it. If they had problems, then you had study groups, peers, you had the instructor who was on call 24

hours. Every instructor we had would help us at any time that we called them and asked them a question about projects and things that we were working on.

JF Well, you must be very pleased with your degree because you know what it cost you to get.

LP The cost -- money-wise -- to finalize it probably would not have been as much as completing it as ASU because I would have had to stop work, you know. The whole cost would be less through U of P.

JF That's an interesting perspective.

LP I love the ASU campus. My kids have graduated from there. I love the campus. I would have liked to have gotten my degree through them. My daughter-in-law is a graduate from there, the nursing school. Jane Pearson, she's the Director of the Neonatal Program in this state. But I think that the program that the University of Phoenix has is an excellent program and they cover things very well. I feel very fortunate that I was one of their first graduates.

JF Well, that was a neat experience because you were really a part of something that is very novel in this Valley.

LP Yes, it's a different way of presenting education. But, they made you feel like an adult. You weren't like a little child coming in. And we were adults, every one of us, going into this program. We did have a say on the way some of the things were presented. We were able to set up different guidelines for some of the stuff that we were doing. We had study groups that came up with some good ideas. We would use the guidelines of the instructor. We had books this thick, you know, and we had to use those. But, you know, it was a good program.

JF That's neat to hear about that. I did want to go back. You had said you started out at Scottsdale Memorial, and this was about 1970?

LP 1969. July, 1969.

JF Okay. Then you had the health problem, although you never actually didn't work I understood.

LP I worked all the time, yes. But, I stopped going to school because I felt that I needed to.

JF When you were working at Scottsdale Memorial, what was your work role there?

LP I started in the Recovery Room. In the hospital that was the only opening that they had at the time. Recovery Room work was the one area that I had not actually had my fingers

in and I thought, "Great, I'm getting in something else." So I started with them. It was a small hospital at that time. They had just started the second floor. They just had one level on the first wing. It was a very small area. Our Surgery had three surgeries and I think we had six beds in our Recovery area. I started on the 3 to 11 shift. When I went there I set up a program for pre- and post-op. teaching. Kay Lewis from Good Samaritan was one of the pioneers in doing the pre- and post-op. teaching. I knew her when I was working there. I dug out her AJN articles. They helped me an awful lot. Well, they were thinking about doing it before I started working there, but the way they did it ... They didn't spend the time that they needed to spend. They didn't cover the things that Kay had in her article. I don't know if they read it or not, but I felt that it needed to be revised and perfected. Working the 3 to 11 shift, the people on 3 to 11 were the ones who did the pre- and post-op. teaching. So, I set up some better guidelines for that.

JF Now, were you like Head Nurse or Charge?

LP I was the only one working the 3 to 11 shift. I didn't have the title of Charge, but I was the only one there. So, you know, I did it.

JF But there were other people who worked that shift, I thought you said.

LP Not in the Post-Op. area. There was in the OR. We had an OR charge person and they took care of all the other little areas. That was the way it was then.

JF So you were bringing something new to the hospital, as well as learning a new role yourself. How long did you do that -- work in the Recovery Room?

LP I stayed with the Recovery Room and the hospital kept growing and growing. We got one sixth floor tower. Then we built our new surgery wing over on the other side and we moved over there. I moved to the daytime position of Staff Nurse. I stayed as Staff Nurse in that respect. Another six-floor wing was added. I worked the Recovery Room all the time until '76. Then there was an opening in the Out-Patient Surgery, which is in the Wells Fargo Building just across the street from the hospital. Out-patient surgery was part of Scottsdale Memorial.

JF That was the first of it's kind around, wasn't it, as I recall?

LP Of this kind. Now, the Surgicenter was opened up just about six months before Scottsdale opened theirs up. But Surgicenter was the very first Out-Patient Center that was opened in the world that was free standing, but it did not

have a hospital affiliation because it was governed by a group of anesthesiologists. Then Scottsdale Memorial, at that time it was Scottsdale Baptist Hospital, opened up their Out-Patient Surgery. It was free standing, hospital affiliated, which was the first one of that kind in the whole world. Ever since those two opened up, everybody has wanted to be an out-patient facility. This one opened up in '71, and when it opened they had the three OR's and the people in OR would rotate and take care of the Recovery Room, and then the Recovery Room was treated as if it wasn't anything -- anybody could do it. Well, anybody could, I suppose if they were trained real well, but they couldn't do very heavy cases. With the set up they just couldn't do that. So the person that was in charge at that time of Out-Patient Surgery decided that they needed somebody full-time in the Post-Op. area so that they could have a little more continuity in the care of the patient. So I applied for the position and I got it. I was the only one that was a full-time employee for that particular spot, but I would have another helper rotate from the Surgery area. We were gradually getting more and more patients all the time. Then I was named, my position was named Coordinator of the Post-Op. area. I stayed in that position for a period of time. Then there was a change, right about the time I was taking my classwork, an organizational change. The name Coordinator was removed and they had the Head Nurse and a Charge Nurse. I was still Coordinator and they also named a Charge Nurse and the Charge Nurse was over the Surgery and Post-Op. areas. Well, in all the books, when you're a Coordinator it's on the same level as a Head Nurse in anything that you read. It was confusing, you know.

JF It sounds like it.

LP And in such a small area like this to have all these different titles ... I discussed it with the Head Nurse and said, "You know, this is confusing." The Charge Nurse was a very aggressive type person and she was the kind of person that wanted to get someplace fast, I guess, or something like this. Therefore, there was a change in the organizational tree. The Coordinator's name was removed. It didn't bother me whatsoever because I didn't particularly want a charge or management position at that time. So I stayed as a Staff Nurse. I liked doing staff nursing. While I was in that position there were no guidelines for patient care in that kind of setting. I set guidelines for Post-Op. care for the various kinds of people that came through. We had a real good program started.

JF Did the Head Nurse object to your doing this?

LP No, in fact she encouraged it. She wanted these things done, you see. We had a real good program lined up. It was a good basis for the good program we have now. We have an excellent program in the Out-Patient Surgery there. We have

care plans; we made up instruction sheets for all the different kind of procedure that we did; everything is in good order there. There's a lot of things we could probably improve on, and things like that, as you do every place. When the JCAH person came by, right after I had set up some guidelines and things there, she said, "This is the only unit that has guildelines like this. I have never seen anything like this." She said, "It's really good." She told the Head Nurse and the Head Nurse told me.

JF So you're still a Staff Nurse.

LP I'm a Staff Nurse.

JF But you have a lot of initiative or input in what goes on there, it sounds like.

LP Well, I certainly give my ideas and if they don't want them, fine.

JF But it sounds like actually a lot of what you suggest kind of comes to pass, or gets into the guidelines or instructions, or so forth.

LP I think it does in one way or another. I believe it does. Right now I'm taking a course in research. ASU is coming here, maybe you've seen the brochures.

JF Those short courses?

LP Yes. And this course is going to last until July. Every Monday night until July.

JF So you're still at it.

LP I'm still at it, you know. I'll never learn to stop.

JF Well, there's always more. You just think you get it, and they bring out something else. Are you thinking of a research project you want to do, or is this general professional development?

LP This is general professional development. In the back of my mind I would like to do a research project of some kind and do some writing of some kind. I have a lot of information and a lot of ideas, but I'll probably take another course in creative writing or something like that before I stop all this business.

JF Well, it sounds like you're still just very energetic and creative in your nursing, and still learning. That does bring us up to date in the sequence of your career, so I'm going to shift into that number 3 area. I'll just ask you, have you always wanted to stay in nursing, or did you have any other ideas at any time?

LP I've thought about some different ideas, and I would always go back to the nursing. I never actually left nursing to do anything. I thought about it in my own mind, but I like the service, and never wanted to leave it. A lot of my classmates have left nursing completely, gone into flower shops. Some left it completely and went into a completely different field. They don't like nursing at all, but I can't do that.

JF You mentioned that you were married early on and you have your children and they are graduates from ASU. I presume they are working on their own lives. How did you, during all those years when you were working, how did you juggle your work on the one hand and family responsibilities on the other? How did that come off?

LP Well, all I can say is I had good cooperation with the family. I wasn't extremely strict as far as the children were concerned. Every one of the kids are marvelous kids. I wasn't extremely strict on their actions, except they knew there were some guidelines, some rules in our family. I had support from my husband, I mean I've done all these things and he has tolerated it where a lot of men would not. The support you get and still have love in the house means an awful lot. If you don't have that, why you couldn't do all these things.

JF I believe you. I just have started this, but I think you are saying something very important. Why did you work, or why have you worked all these years?

LP Well, in the beginning the reason I worked was that I felt I needed to give a service to people, and I wanted to keep up my profession. Ever since I was ten or before I wanted to be a nurse, and that's the reason I pushed to get an education, because I wanted to do this. I don't know of any particular person that was an ideal of mine at that time. I've had several since that time. But I've just always wanted to be a nurse, so I just kept on pushing. After coming to Arizona I worked for need of money, as well as to give service.

JF One of the things that you've really done quite a bit, you've had a lot of different kinds of experiences in nursing around the hospital and different aspects of nursing. Do you ever see yourself as an innovator or change agent?

LP No, I've never thought about doing anything like that.

JF I think you did.

LP I guess so. I suppose so. But, of course, now today just being at the Out-Patient Surgery is not all that I do. I

have joined up with two agencies and I go to the various hospitals on the weekends and I work the weekend. I really wanted to have a little extra money. Ever since we've come to Arizona one of the reasons why I worked was because I wanted to have the money.

JF Well, I haven't met any nurses who were doing it as a charitable contribution to the community. That's very understandable.

LP But this is interesting going to the different hospitals through the agency. I work in Intensive Care and any place that they want to put me. It is very interesting to see the different hospitals, see how they are set up, their charts, the way they do things.

JF I'm going to say that I see you as an innovator.

LP You do?

JF I do. When you think about some of the things that you've been in on the ground floor of, and still you are working to make things the best that they can be in your position. That's my definition -- it fits in just beautifully. There was one other question and I had down here, "Have you seen yourself as an innovator in the Women's Movement?" I have realized since I put this together that that was not a good term, because when people think about the Women's Movement, they think about the political activists -- the bra burners, the picketers and somewhat rowdy people, very verbal and loudly verbal. I really didn't mean that, so I'm going to qualify this a little bit in that there has been a change in this country in the social role of women. Before World War II when you went into nursing school, women tended to not work. After World War II there has been an increasing number so that now something like 60% of women work outside the home for money, and you are part of that movement. Did you think about that when you were doing it?

LP No, I didn't. I was thinking more about my own little household and my own surroundings, what I could do to better it and things like this. This is the way of doing it.

JF I think that that's a big movement. It's making tremendous changes in the society. It seems to me that nurses are a part of that, although it is my hunch when I talk to people like yourself that you don't see that. It's more like, this is what I do and the whole big picture is ... But, anyway I may be surprised, but that is my hunch -- that we are a part of something very big but we don't always think about it or pay much attention to it.

LP Yes.

- JF Well, this covers my list, actually. We've been talking for quite a long time here, and I want to thank you for sharing your career with me. But before we actually terminate the interview, is there anything about your nursing that you might want to add before I disconnect?
- LP No, I can't think of anything right now. I do think that the role of nursing is going to change after awhile. I believe that eventually the hierarchy is not going to be as it is now. I think that the Staff Nurse is going to have more say so, more input on what needs to be done. I read an article about shared governing and I think this is going to go over in some of the hospitals once it gets started. I believe that people in administration are going to realize that it is the Staff Nurse that is the person that they need to keep happy. They are the people that they need to give gifts, bonuses, things like that. Most of the hospitals are very good about doing that. Grant you, you need administration, you need leaders to assist and administration. But I think eventually they will find out they don't need that many leaders up there getting the high wages, and that they can use their Staff Nurse in some of those roles.
- JF Well, it does seem as if some of the things that you talked about in your role, you are implementing that right now. It's like you took the initiative to get the guidelines and instructions and worked on that, whereas what you're talking about is that it kind of is institutionalized throughout the institution, instead of as the initiative of one nurse.
- LP Yes, that's right. And when I did it, it was premature. It was actually not looked on as what the Staff Nurse should be doing or a person, even though I was called a Coordinator.
- JF Although I thought you said that your Head Nurse was always happy to have you do that.
- LP Oh, she was happy to have it, yes. Now, whether the Director was happy, I don't know because I didn't deal with that.
- JF Well, this has been extremely interesting, but I think that as of now our interview is over.

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