

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.

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Margaret G. Clements
Interviewee (signature)

March 19, 1987
Date

Margaret G. Clements
Name of Interviewee

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

This is Joyce Finch, Ph.D. Today is March 19, 1987. I am interviewing for the first time Mrs. Margaret Clements. This interview is taking place in her home at 8567 E. Cortez in 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 We can begin with talking about your graduation, which is 1948 as I recall?

MC Yes, I entered August 27, 1945 and then graduated in June of '48.

JF Okay. When you went in in August of that year was there any question about whether you would be funded, because the War was over at that time.

MC Actually, I had made the arrangements prior to [entry] far before that. I had been going because of my circumstances. We were very poor; I had to go to night school about seven or eight years to finish my high school. And so, in '44 I went to a couple of schools. I decided I wanted to be a nurse. So when I went to St. Joseph's what I was asking from them essentially was, if they would allow me to go through the school and I would repay them. Because one of the things about poor people is, it isn't just that they can't afford the tuition, they can't afford to take the time (at that time it was three years). How would they survive? Who would pay for it, their families couldn't. So I went to St. Joseph's and they said not to fear, that there was a program in force. This must have been, perhaps, January of '45. And, so I applied. They processed it and I was notified sometime in the Spring that I had been approved. Then I had to go for all of the testing and things which were traditional at that time.

JF So, your school of nursing was a hospital school?

MC Yes it was. Affiliated with De Paul University.

JF Oh that's right. You were just talking about the name of the hospital. Now, let's see, De Paul is in Chicago?

MC In Chicago, Illinois.

JF About how large was that hospital?

MC It was, at that time, it was a 256-bed hospital. But now it's about 800 and they've relocated from the neighborhood where it was when I was a student.

JF Is the school still in existence?

MC It is not. I think it just ceased to exist recently. I'm not positive about that. But I think it is ...

JF Some of the schools that had affiliations with universities or colleges many times just shifted over into the baccalaureate program.

MC I think that's what happened.

JF Now, about how large was your class when you began the nursing program?

MC There were 48.

JF . And how many finished?

MC Thirty-nine.

JF Thirty-nine. So that was about nine people who did not finish. Then, did you have any affiliations away from your hospital school?

MC Yes we did. For Contagious Disease, Psychiatry, that's all I can recall.

JF Did you go to Cook County?

MC No, we went to City Contag, then to Children's Memorial for Peds. and, then what was that one for Psych., a big facility outside of Chicago.

JF I know there was a big V.A. ...

MC There was a big V.A. hospital in Hines, but this was ... Perhaps it will come to me, but that's where we had our Psych. affiliation.

JF Then did you have any college affiliation?

MC Yes, we were affiliated with De Paul.

JF And what kind of classes did you have?

MC They sent instructors over for the -- I think it was the first year we had classes through them. And they were the standard curriculum -- Anatomy, Physiology, Psychology, English, we had some Philosophy. In 1948 after I graduated, the NLN at that time was known as the NLNE, National League of Nursing Education, and they had a plan -- I went downtown and took the examination. There were many of us who did -- and for that we received 2-1/2 years credit. But, then, well, I'm jumping ahead now, but when I enrolled at the University of Phoenix, I tried to contact the NLN to see if

they had any record of it and they didn't, and neither did De Paul. Of course, it was a long time ago.

JF I don't know how long those records stay in existence, although ...

MC Well, the NLNE became the NLN in the early part of the 50's or something. And so ...

JF 1950 or '52.

MC Something in there.

JF Alright. So you were in the Cadet Nurse Corps the full three years?

MC Yes.

JF One of the things that some people have said is that they had a swearing-in ceremony, sort of like being sworn into the Army. Did you have anything like that when you went into the Cadet Corps?

MC No, but it was described, the _____ was described. We also had, of course, the history of nursing and we became thoroughly familiar with the entire [field] a great deal about nursing. In particular, about the kindness of Francis Bolton, through whom we had this.

JF I think that that might have been just early-on excitement about the program. By 1945 the War was over, and some of that general wartime hysteria was past.

MC But I do know that we had promised..., I promised that..., I don't recall whether it was in writing, but I had agreed that my last six months -- we had the option of either going into a Veteran's hospital or to an Indian reservation -- so I had agreed to go to Pine Ridge, South Dakota. But I didn't go because, by that time, the War was over. But we had agreed to that and even entertained the thought of entering military service. I was prepared to do that.

JF Okay. Were those the options that were offered to you?

MC Yes, our last six months of our training. We called it training in those days.

JF So you didn't do any of those things, I take it.

MC No.

JF What did you do?

MC We simply finished our tour of duty at the hospital as Seniors.

JF Now, as a Senior, what did you do in terms of your nursing work at that time?

MC When we went in in '45, they still had the 12-hour, at least at most hospitals I knew in Chicago and certainly at ours. I don't remember exactly. I think it was, it must have been in our senior year, when it changed. But when we entered, we worked 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. And you were indeed fortunate if you got off duty on time. There was no such thing. But in our last year, certainly, we were given much greater responsibility. We were the senior nurses, and so we would be on a unit with another person who was at least, usually six months our senior. They were considered seniors also, but we were the senior and they were the junior member of the team. We functioned somewhat like head nurses.

JF Okay. So there was a person who was senior to you, so you had some supervision.

MC Oh, we had supervisors then who were usually nuns, because it was a Catholic hospital, St. Joseph's. And they floated, there were always two of them. Then we had RN's also, but not on nights. We just had the nuns circulating throughout the hospital.

JF So you worked nights during this period?

MC We worked nights and days both, we worked both shifts. We only had two shifts. And so we worked that without question.

JF Now, I'm a little unsure. Did you say that was discontinued while you were still a student -- the 12-hours shifts?

MC My memory does not serve me correctly. I think it was sometime toward the end. It must have been sometime in '48, but I'm not certain. Because, after I graduated, while I was waiting to take State Boards, we were allowed to do private duty through the Illinois Nurses' Association, the District. I remember working 8-hour shifts. So sometime in between there, but my own personal recollection is not too good.

JF While you were doing this, oh, maybe assistant head nurse or head nurse role, did you have any classes or was it on-the-job?

MC It was primarily on-the-job training. You weren't allowed to go on nights into that role until you had been thoroughly [oriented], the first six months of the last year you were functioning in the same manner, but you were under the direct observation of the RN and the supervisors.

JF Now, were there any people in your class or any students around who were not Cadets?

MC No.

JF So, you have no way of knowing, really, whether the Cadet Nurse Program, in terms of the basic nursing education, was any different?

MC Well, I don't think so. I think that when we entered the School of Nursing, that the philosophy of the school was predominant. I don't think they changed. I know that they did not. Interestingly enough, I do remember being -- we had a short tour of duty in Central Supply, a week or two -- I remember I was shocked when a, what we called graduate nurses at that time, was talking with another graduate nurse and I was helping get them what they wanted. At any rate, in their discussion they were discussing Cadet Nurses and, in a very disparaging way, one said, "Well, they will never be the right kind of nurses because they're being paid." Because I was a student and they were RN's I could not say a word. At that time, we were very mannerly people. But I remember burning with resentment. I thought, "How foolish you are, you are absolutely wrong." Because we were dedicated to patients and our love for patients was paramount. Money had nothing to do with it. What money, trivial money, that we received paid for our shoes and stockings. We would have been running around barefoot if it had not been for that. We were very poor people.

JF So the Cadet Corps did make a difference in your being able to go into nursing at all?

MC I would not have been a nurse had it not been for them. I had no way, my parents were from Ireland, they were very poor, they had lost the resources they had accumulated in '29 and my father never really recovered from that. He'd been fairly successful. There were twelve children in our family, so we were very poor. I was the oldest girl and I had to work, I had to leave. After I graduated from grammar school, I did go [to high school] for about two years, sort of. Then I had to have two jobs, so that I went to night school. At that time, I went to evening school in Chicago. They had this program so you could get your diploma, you could graduate. And, interestingly enough, I was already into the nursing program when I graduated. I was too ashamed to let anybody know this. They knew at the school, but I had -- well, now I'm bragging -- but the marking then was you had "S" for superior, then you had "E" for excellent. I think I had only one "E" and all my others were "S". So they allowed me to enter on August 27th, but I didn't graduate from high school until February, 1946.

JF So you were taking two sets of classes during those months?

- MC Yes, I think I only had one semester to finish. My classmates, at first they thought, who was I, because we had very strict rules about being in by 9:00 and off duty, and so on. Although we were just doing PM care at that time, but even so they, of course, noticed my absence. I was too ashamed to tell them what I was doing. I don't think I ever did tell them. But they forgave me for it after they got to know me.
- JF Well, I'm glad that they did ultimately forgive you. I suppose maybe they were feeling that you were getting special privileges. That wasn't fair. They were wondering what was going on.
- MC Of course, they were absolutely right. I would say in regard to the excellence of our education, which I believed in and I still believe in, we had the Daughters of Charity, Florence Nightengale had done some training with them in France. And they were the people who trained us. They were very ... We didn't like them too much, subjectively, at that time. But, they were excellent. Extremely devoted to quality patient care. And they trained us in the same way. To give excellent care.
- JF Well, it seems as if they must have been somewhat flexible, because as I recall, one of the criteria for admission into schools of nursing was a high school diploma.
- MC Oh, yes.
- JF So there was a fair amount of faith in your ability to be successful.
- MC Yes, they obtained my records from the school. Also, there was a barrage of testing before we went in. I remember thinking to myself, "Why do we have to be so perfect?" Physically we had to be perfect. And then they did all kinds of psychological testing, as well as, you know, I.Q. testing. I thought to myself, "Wow, you have to be perfect." Well, after I got into training I found out why. Because you had to have the endurance of a horse or you couldn't have survived it, you know. We worked long hours. I remember before I went on nights, I think we were still probies. Our instructor was announcing to the class that, indeed, if we were thinking that it was difficult going to class all day and then working PM's, that wait until we get on nights and had to follow the same schedule. And I said, "You mean, work all day and work all night, that would be the day!" Guess who was the first one on nights -- me, it worked out.
- JF Well, it does sound as if you had had some work experiences before you got into nursing, so you understood, presumably, the work role.

MC I was too independent. I had already been independent. I had been working as a secretary and the average person in my class had come right from high school. But there were a few of us who hadn't. Two I think had been in the service and another gal who had been a teacher, so there were a few of us. It was a little more difficult, because we were independent and we'd been accustomed to earning our own way.

JF But you did have a little core group within the class that had come in with those work experiences and were a little older.

MC Yes.

JF Seventeen or eighteen, there's a lot of maturity that's required from a 17- or 18-year-old and the work is equally hard, but it seems as if some of those demands of maturity might have been easier. When you had some maturity to work with.

MC I think so. I was 21. Yes, I think there was a difference. As with all groups, we formed a little core group of our own -- there were four of us, one who's funeral I attended recently in California. And of the remaining three, I was the next oldest. Casey was the oldest, she was five years older than I. I'm now 63, so she is 68. Anyhow, so if I was 21 at the time she was 26. And then the other girl, Dorothy, was 20 and Maloney was 17. We all called each other by our last names in those days.

JF Well, we think many times of students going right out of high school into nursing, and of course that wasn't really true.

MC No.

JF Well, that seems to get us up through your graduation and then you become a nurse. And you worked after you graduated?

MC Yes.

JF What was your first job like?

MC My first job, I worked in a hospital in the operating room as an operating room nurse, staff nurse.

JF Was this your home hospital, or another hospital?

MC No, this was a community hospital. And I really enjoyed it. It was very good. At the time you had a choice of either working in a hospital, working in industry or working as a doctor's nurse. I had an offer from a physician and I toyed with the idea, then rejected it. Also, private duty. Private duty was extremely interesting. There were no

recovery rooms, there were no CCU's, ICU's. So the private duty nurse and, in fact I turned to it then, that was the largest segment of my career at that time, was in private duty nursing. I worked a great deal -- I would deliberately call the First District. I'd say, "Okay". I had a list of the hospitals and I would choose all the different ones and I wanted to see how the others were functioning. But my love came to be the University of Chicago, Billing. And I went there almost exclusively. During that time I met and worked with Dr. Huggins, Charles Huggins, who received the Nobel Prize in Mecedine, co- (with somebody else) in the 50's or 60's. It was a very interesting time. And you would work just during the prime time with the patients. As soon as they were well enough, they went on general duty and then you were off, and on to another case. Sometimes we worked for an entire year without any time off, but it was exciting.

JF Sounds like the people would be very sick.

MC Extremely so. Extremely so. We did 8-hour duty and we were working, I remember the first rate was \$8.00 an hour. That would be in 1950. I mean \$8.00 a day, for a shift.

JF Yes, I was thinking \$8.00 is pretty good for 1950.

MC No, it was \$8.00 a shift.

JF Well, let me go back just a little bit to your job in the operating room. How long did you do that?

MC For about six months.

JF Why did you leave? That's not a long time.

MC No, that's true. I was trying to find myself. I went to another hospital in Chicago and then I did general duty work. I was dissatisfied with the ideal of nursing that I had and with the actual everyday, there simply was not enough time it seemed to me to give the quality of care that I wanted to. As I saw it and had been trained to see it. I had been educated, if you will, to see it, that it was a physical, mental, spiritual and emotional -- in every phase of this patient. And that was the way I wanted to function. So I stayed, I think about a year or year and a half or two maybe, at this other hospital and then I began doing private duty nursing and loved it. I just loved it.

JF So you did private duty, and that was starting in about 1950?

MC 1951.

JF Okay. What kinds of patients - you did say that they were post-operative.

MC Yes. We also had meningitis cases, we had T.B. I remember one of my first cases was an active TB at the University of Chicago. I remember that her husband flew -- they were wealthy people -- and her husband flew to Washington or someplace back East, to get Streptomycin from Al Wakeman, who had invented it, I think. But she was too far advanced, she was terminal. And so, even though she did receive the Streptomycin, she died. But I was with her for perhaps four or five months, working both night and day -- alternately, not consecutively. But, we took care of just about everything you can think of, I can't think of a thing ... And I remember thinking how gallant we were because through the Valley of Death rode these brave nurses. We were meticulous and, true to our training, we observed aseptic technique and were very careful. I remember especially when I was on TB cases, of going into the utility rooms and opening the window when it was 15 degrees below zero outside, and bringing in some fresh air. We believed firmly in fresh air. But we survived.

JF How long did it take you once you started doing private duty and had this list of Chicago hospitals to localize on Billings and decide, "I want to work here", almost exclusively?

MC I would say about a year, because from the time I first began working there and the time I came back, they had the Golblatt Wing, this was a family who were involved in department stores in Chicago, very fine people, and they had donated the wing. They had lost some member of their family to cancer. And so they donated this huge wing which, the term "oncology", of course, was not in use yet, we just called it "cancer". And I remember one after another of my patients were cancer patients. So I thought the whole world was filled with cancer -- I thought we were all going to die of it because that was my world at the time. That's when I met Dr. Huggins. And marvelous people, marvelous staff. Dr. Palmer, I remember. Many others.

JF Now, these were pioneers in cancer care, do you think?

MC Dr. Huggins, as I say, received the Nobel Prize. Maybe ten or twelve years afterward -- I saw it in the paper and sent him a letter of congratulations, Charles Huggins. I remember he chose a few of us, and I say few -- it was maybe a dozen, I don't remember. Then we did his patients exclusively for maybe six months or so. We would do 12-hour duty and we followed each other and there was a very consistency of care that he wanted. This had to be after 1950 because Cortisone and ACTH were now in place. He was doing Bilateral Oophorectomies and, of course, he did a Panthisterectomy. But, in conjunction with this, he also did Adrenalectomy. And then he would implant the Cortisone. We had patients coming from all over the world. There was an

article in the Reader's Digest -- this would have been between '52 and '54, something -- and I remember reading it. I was with one patient, and they brought this person -- she looked like a cadaver -- and on the gurney into the other room. Then I was told that I was going to get off this case and on with her the following day. I remember her very well. She was from South America, Rio de Janeiro, in fact I have the papal blessing which her husband sent to me following that for our family. At any rate, you would literally see people, well, terminally ill with perhaps a prognosis of maybe a week or two to live. And these people he would take and he would do his surgical procedure, whatever was indicated, and as a result of this, it was very dramatic. They would be pain free. Most of them were racked with pain when they came in. They would be pain-free, no longer needing Morphine. And, depending upon the agreement on knowledge between the doctor and the family, they would or would not be told. The person I remember most dramatically, this lady from South America -- I think I still have letters and things from her -- I remember her writing me. She said, "I'm playing golf again, I'm going to the beach again". And she was so, so thrilled. She lived for a year of quality life, and then she died suddenly.

JF She got back home to the family?

MC Yes, it was just thrilling, you were just elated.

JF So, there you were in the middle of a lot of changes, in this regard?

MC Yes.

JF Well, one of the things -- now you were still doing private duty?

MC Yes.

JF But it was pretty much specialized for these cancer patients?

MC Yes.

JF One of the questions that occurs to me, you said that it seemed like it was all cancer, the world was full of cancer. How did you handle that, it sounded like it might have been kind of depressing?

MC Well, I guess it proceeds from an individual philosophy. In our school there were people of all religious faiths. I think we had one or two Jewish girls in our classes. But we believed that our aim was to heal insofar as we could and to be involved in the healing process, and to the degree that we couldn't, we would certainly help them to have a more joyful life, whatever their fate would be. And so, we saw

ourselves as rays of sunshine. Then, for me personally, I was plugged into what for me, "Serving means reality to the Divine, an unending source of strength in any kind". Maybe that sounds Polyanna-ish, I don't know. All I know is, I'm describing the reality for me.

JF That's how you did it.

MC Yes, and how I continue to do it.

JF During this period, then, when you were working the twelve hours a day, private duty, how did you get a day off?

MC With a lot of luck. There was not too much relief. But, sometimes in the transition between cases we could, and we weren't on too long. We were just on for so long as it was necessary. We'd be on, perhaps, three days with one, four days with another, I think a week was the longest at any time. But then we'd go immediately to another case.

JF So you didn't have any of these prolonged month after month, year after year kinds of cases?

MC There were nurses who did that. I didn't do that.

JF Was that your choice, or is that just the way the jobs fell?

MC Pretty much, I think it was my own choice. I wanted, I liked to be busy, but I didn't want to do general duty. I saw that ... And I remember discussing it at the University of Chicago -- one of the nurses said to me, "You're lucky, you have only one patient to worry about." And I said, "That's right, that's why I've chosen it." She said, "You also make more money than we do." And I said, "But you wouldn't be making what you're making if it weren't for us. We set the standard and we are the ones who are brave enough to shout out that we want more money. And so as a result of that, when we get a raise, you get a raise." She said, "Well, that's true." And I said, "Besides, would you want to change with me?" She said, "No, I don't know how you can stand it." But we did, we loved it, those who chose this.

JF At this time, now about what time are we talking about?

MC We're talking about the early '50's. Up to the middle '50's.

JF What happened in the middle '50's?

MC In Chicago?

JF No, to you, to your career.

MC Okay. I had been married in '49, and hoping to have children and not having them which, to me, was a terrible

disaster. But then I think it was about '53 or '54, there was a Refugee Relief Act, which was the law of the land. Under this act one could adopt children from the Orient, primarily children of American soldiers and servicemen, and they were half Asian and half-American. I had read that under their culture these children had no opportunities. So we applied through the Catholic Home Bureau in Chicago to take two little boys or girls, whatever. Then in the process, I became pregnant in '55, and that cancelled it out, unfortunately. So they didn't allow us to take ... And in fact, the law expired. By the time I had my baby, the law was no longer. They said that if we still wanted to take them after we had our own baby then we could go ahead and do it, but it was too late.

JF When was your baby born?

MC December 29, 1956.

JF Now, you said that it changed, your work role changed, nursing work role changed -- I'm sure you were very busy with the new baby. Did you quit nursing at that time?

MC In '50 we moved to the suburbs of Chicago, got a home out in the southern part of Chicago, the suburbs, and it was called Park Forest, or Creed, Illinois, actually. We had three acres. Then I was working at the University of Chicago, primarily, and then I got a job at St. James which was in Chicago Heights. I worked in the newborn nursery there for the last year. After I had my daughter, I would come, as I told them, whenever they really needed me I would come. And I did, but not too much. And then I had my son, Len Clements -- he's a Channel 10 helicopter pilot reporter here -- and I had him in '58. And so I didn't work much after that until Lenny was about 10 or 11, then I went back to work.

JF So that would be about '69 or '70.

MC Well about '66 or '67. Actually '67 is when I went back.

JF Now, just before we close out the 50's, did you have any informal or formal educational experiences in those years, in the '50's?

MC Yes, I always went to school, I always loved school. I remember taking ... My husband had been a World War II veteran and he had enrolled at ... He became an engineer at University of ... One of those western ... Anyways, he was going to school full-time and I was working full-time and he was working part-time. But at any rate, yes, I made the choice and I attended De Paul University sporadically, and the University of Chicago taking classes that interested me -- mostly Philosophy and History, probably English, Writing. But, I realized that I wanted to have a family very much and

in all honesty, I have never regretted that. So I had the children.

JF Okay. Then I'm going to just skip over that period when you were at home, although I never think that people are not working when they're raising children.

MC No. I kept in touch with nursing too. I followed it.

JF And how did you do that?

MC Always maintained my licensure. I've never dropped my original licensure in Illinois. And always was involved with the Nurses' Association, ANA, and read with interest anything. I naturally had an interest in nursing. And I remember when the two year nurse program came in. I couldn't believe it. I was shocked, dismayed. But I remember the practical nurses at the University of Chicago coming in in the early 50's, latter part of the '40's. And they were going to license LPN's, they were called practical nurses at the time. I saw some very good people. With these two year nurses, they were fine people, fine nurses. We've got to stop putting labels on people, we just simply must. I think we have to have standards, we should all be Ph.D.'s in bedside. But in the meantime, while we are trying to do this, let us be compassionate toward each other.

JF After your children were more independent, about 1966, you went back into nursing.

MC Excuse me, I didn't go back to nursing.

JF Oh, well, what did you do then?

MC The children were at an age where they still, of course, needed me. But they were both gone from 8:00 in the morning until 4:30 in the afternoon. So I felt that, we were living in Troutwood, Ohio at the time in a suburb of Dayton. I called Miami Valley Hospital there and a Samaritan hospital, and of course they had the traditional 7:00 to 3:00, 3:00 to 11:00, 11:00 to 7:00 shifts. I realized I couldn't do any of those because I would be away from the children. So I went to a realtor and asked him for a job. He asked if I had ever sold anything, or been involved in that. I said "No, oh wait a minute, yes I have, I sold myself". He laughed. And I said, "Because a good nurse must". We absolutely sold ourselves to the patient saying, "Together we're going to lick this", if that was appropriate, and "You and I together". You know, they give the doctors credit for getting people early ambulation. We were doing it. You know how we would manage doctors. If we wanted them to do something, we just say "Did you want this done", or "Did you want this changed?" Whatever it was. I remember when I was in training, we didn't have any of the tranquilizers,

anything like that. So we'd use Seconal and Nembutal, you remember that, to control psychotic people. I remember at the University of Chicago, and now I can't remember the name of it -- it used to be just a number.

JF Thorazine was one of the first ones that came out.

MC Thorazine, that was it. In the early 50's. I remember when it was just a number. But, at any rate we always had that, all throughout those years. And the nurses I knew -- I remember having a new patient back at the University of Chicago and, it wasn't a formal thing, but we conveyed to the person quickly, if it was appropriate, "You're going to get better and together we're going to manage this. Now how should we do it?" And we involved them and said, "What do you think about getting up in the chair, with lots of care. I'll bring the chair over closer." With a doctor's order, of course, that's the way we did it at that time. But we had to sell it to the doctor, and he'd say, "If you really think you can manage it." I'd say, "I can manage it." And we'd say, "Whoopee, here's what we're going to do." That was our approach, and we did it. It was marvelous.

JF So, did the realtor buy that?

MC He did. So I went on and became a real estate sales person and became a broker. I found many of the skills of nursing, the interpersonal skills, certainly, were just as viable in real estate. I was very successful.

JF It does sound so. If you went from sales person-novice to broker, that you were very successful.

MC Yes. 1967 to 1972.

JF What happened in 1972?

MC We moved to Arizona. Came back out here in September of '72 and in October of '72 I got a part-time job. I had decided that I wanted something part-time. I checked a couple of the hospitals and it was all full-time that they needed, so I went to what was called Dora El, subsequently renamed Desert Haven Convalescent Center on Thomas Road. I became a staff nurse, and within four months I became Director of Nursing. I was not really qualified for that except in one area that I could work. I had good skills with people. But I learned how, working 14-16 hour days for nine months, I learned how to write policies and procedures and everything else that had to be learned. It was a learning experience.

JF How did you get that job in four months?

MC I was working in the facility and after I became Director of Nursing I remember thinking, "Golly, I have such trouble trying to cover this shift or that shift, if I only had

somebody that I could hustle around ..." I thought, "I know why, because I don't have me." I started out two days a week, and before you knew it I was working PM's, nights, days, wherever they needed, whenever they needed, and I was working six days a week. So then in about four months, the Director of Nursing was leaving so the owner, proprietor, administrator asked me, and I said, "Oh, no I couldn't do it, I'm not prepared for that." She insisted. I suggested somebody else who worked on the staff and she was vehement. So I went to this other nurse and said to her, "It's not my idea and I don't want to do it, but if you'll help me, we can make this go." And she, being the marvelous person she was, agreed and we did it, thank God.

JF How did she help you?

MC She helped me by assuming the position of Head Nurse. It was a 150-bed facility and we had the three shifts. She taught me by her example. In the meantime I quickly called around to people I knew who were Directors of Nursing and started to pick their brains real fast. I joined the Directors of Nursing group and two years after became President of that group.

JF Now that was the group that was sponsored by the Arizona Hospital Association?

MC By the Nursing Homes of Profit people. American Nursing Homes. There are two groups -- profit and non-profit. This was the proprietary group. But I did a lot of studying and working.

JF Now, somewhere in there, '72, '73, '74, there was really quite a lot of antagonism between the ANA and administrators. Were you involved in any of that?

MC No.

JF Because people kind of said, "If you belong to this group, you can't work here." You didn't have any of that?

MC I heard about it and I was aware of it. I won't name any names, but I would say this: I made a transition to another larger facility in '76. I went to this other facility and became Director of Nursing and Director of Education there. At that time then I dropped my ANA membership for the first time because the administrator and the Board felt that nurses in supervisory positions should not belong to a bargaining group, such as ANA. It really hurt me very, very badly, but I did it. But I have since rejoined. I belong to ANA again and I always will. I would have forced the issue if I had realized at the time. I didn't really think it out. I probably would not have gotten the position, either, or I would not have retained it. But I would have

fought it if I had seen it as a battle to be fought. I had fought other battles earlier, but I didn't see it that way.

JF Well, you were Director of Nursing at this nursing home?

MC For four years, yes.

JF For four years. Then you moved to another larger facility. Was this another nursing home?

MC Yes, it was a nursing home which pioneered the concept of different levels -- of independent living, personal care. Really, they didn't call it that, but intermediate and skilled care. That concept is now widely held, but the time they started it in the '60's it was not. They are an outstanding, excellent facility, marvelous, still.

JF And you went in there as Director of Nursing?

MC No, I went into the second facility as an in-service supervisor. I had been D.O.N. at the other facility. I left the other facility early in July, about the second week of July of '76 and then started at this other place two weeks later.

JF But your credentials as an administrator must have been a factor in going in at that level?

MC Yes. That was the appropriate level they felt. Their D.O.N. was leaving. The D.O.N. of this large facility was leaving so the person who had been in-service supervisor, actually she was Director of Education, she assumed the position of D.O.N. So, she was hiring into the in-service supervisor. Honestly, there was no staff nurse that she wanted in that position. So, anyhow, I applied and I received the position. I came in as in-service supervisor and within a year or less, I became her assistant and also staff development -- they called it Director of Education. That's rather pretentious for someone with no credentials, but I did provide in-service for the professional and non-professional staff. And they were a good eight years I spent there.

JF Well, leadership is expressed in some different kinds of ways, and it's not always academic ways.

MC There is the art, as well as the science, of nursing. This was a thing that I relied on with the non-professionals. I still believe this very strongly, that to inspire them -- they were giving the direct patient care -- so I would tell them, "You listen now when I'm making rounds and I'm talking with the patients, you'll notice that I ask the patient, 'Who is your nurse today?' and I'm talking about you. You must see yourself as practicing the art of nursing. So you have to practice the highest skills." I also taught these

people. So when they'd graduated, they'd walked in and lighted the candles. I had a version of Florence Nightengale's pledge and they took this pledge. It worked out beautifully. I was not out, and I never will be out to try and indoctrinate anybody with my philosophy or my religious creed, but these people were all or nothing. It didnt matter. There was this devotion, absolute devotion to the patient. The patient came first. And it was marvelous.

JF Okay, just paraphrasing what you were saying earlier, you did see that people who gave patient care as very important people and you tried to reflect that belief back to them. And you saw them as responding to that. Because, we're talking about people who were probably making some of the lowest pay in the organization, but they still ...

MC They responded to that spirit of nursing, they really did. I talked to them over and over in the classes and informally in bedside situations. I explained to them the difference between the science and art of nursing and many of these people, interestingly enough, went on to become nurses. Many of them, it was marvelous. But I said, "Regardless of where you are now, you are in the position of a nurse, and so you must be a nurse, with all that means." And I went on to point out about the comfort, safety, security and well-being of the patient, and giving them their primary motivation. I know it sounds maybe crazy, but it was reflected in the slowing down of the turnover and in the quality of the care and the decreasing of tardiness, just really good. We started an NA-II program, succeeding the NA-I program. And this was more highly selective even, because the first nursing assistants, this was required of all of them. But then out of the group that graduated and went on, we observed them for maybe six months or so, and then we chose others then to be NA-II's. They were graduates of the first program. At any rate, a great number of them succeeded in accomplishing that. Also, they had been called nurses' aides, and they got a badge with their picture on it and it said "nursing assistant". I absolutely was stern about it. The nurse's were the most difficult about it. I said, "You must not call them nurses' aides, they must be nursing assistants." And in class I would insist to them not to respond to "nurses' aide", they were nursing assistants. People respond to semantics. At any rate, the nurses, then wthey they saw that the excellence of care was increasing, it was not difficult then. Soon they called them nursing assistants.

JF Alright, how long did you do that?

MC For eight years.

JF Eight years, that's '76 to '84.

MC 1984. In 1979 it became law that nursing administrators were required to be licensed. So I took the second exam. in January of '79. I became a licensed Nursing Administrator. I did it just because it was there, but I didn't have any serious plans, I really didn't. But in the Spring of '84, another large facility in Sun City wanted a nurse administrator and so my administrator said he felt obligated to tell me about it. I did resign, and I went to this other facility. I found out why they wanted a nurse administrator -- they were operating under a temporary license. I won't tell you how bad they were. They'd had an inspection following the provisional license. The survey took place in June and they had 49 nursing deficiencies, in addition to other departments. So we had three weeks to write policies and procedures, hold fire drills, hold in-service and they came back and we got our full license. But anyhow, by October I was exhausted. I had emergency surgery. I was in the hospital for seven weeks and I resigned. That position could not be held over and I realized that. So I resigned and it was a good thing because it took me six months to recuperate, really. But I did, and I did not choose to go back. I was asked, but I declined.

JF Now, let me go back a little bit to the licensure exam. What did you have to do to prepare for that exam?

MC They had had some classes for the first group -- the first license exam. -- which was given was for the people who were already administrators of nursing homes. They had some classes and I attended one of those with my administrator, but I didn't attend all of them. I did check with the state and found out the books that they recommended and course of study. I quickly amassed all this and did it. The license exam. consisted of nursing. Of course, that was a breeze. But then there were other parts representing the different departments in a nursing home -- the maintenance, housekeeping, food service, PTLT, especially accounting and personnel. We had to master the art of interviewing and hiring, selecting people -- the right person for the right job. So, I sort of digested what I could and then successfully completed the exam.

JF During that period, did you have other formal or informal education experiences?

MC As I say, throughout my life I've always gone to school and I took classes. Always, of course, in-service wherever it was offered -- ASU or wherever. Anything pertaining to Gerontology I would take on a continual basis. From Bea Steffl at ASU, a marvelous person, Mary Ann Olman down at University of Arizona. But nothing formal. At the time I was looking, I did realize I wanted to get my B.S.N. and so I checked at ASU and checked at Grand Canyon. I feel very strongly about this. I feel more nurses would get their B.S.N. if you [at ASU] made it available and accessible. I

was not about to quit in '60 or '61 and go back to school for any length of time. I couldn't do it. This is the real objection, the real fear of nurses. They can't, most of them are not in a position to stop and go back to school and be a student again. It's back to the same thing that caused me get into nursing in the beginning. I couldn't afford to pay the tuition, I couldn't afford to have the time off and no one to support me. And its the same way for many of these nurses, they are in the same situation. But, at any rate, I checked and I could not, with the hours they had classes and so on, I couldn't do it. Then I found out about the University of Phoenix, checked it out. I was sorry that they didn't have the N.L.N. accreditation. They are in the process, hopefully, of getting it now, and it will include my class if it comes through. But in the meantime, I did check to see if they had North Central accreditation. I realized that was the most important. It was vitally important. They had it and so I enrolled there on August 20, 1985.

JF Now, was that when you had your surgery?

MC No, I had the surgery in October and November of 1984. Then I convalesced until the Spring. Then I went to work for a pool part-time, just relieving wherever. I ended up at the Indian Health Board, filling in and assisting a nurse who was a TB control nurse. I quickly learned that. And just in time because three months later she decided to quit, and so I took her job. Because I was a licensed Home Administrator and had work experience, they used that in the B.S.N., although I told them I was going to enroll. I started that job on August 1st and then I started school on August 20th, so they knew I was attending, because they did require -- you know, in public health -- that you do get a B.S.N.

JF So you were building on the credential.

MC I was, yes. So I stayed at that until it folded, until the contract was lost which was September 30, 1986.

JF Now, can you tell me -- one of the things that I know is that the University of Phoenix gives a lot of credit to a person's life and previous experience, and you build on that.

MC They don't give a lot of credit, but they do give some.

JF What was your educational experience like. Isn't it somewhat based on your particular interest and goals?

MC Yes, to a great extent. I had to write around to the various schools I'd gone to and get credits for all the various things, as well as my nursing core curriculum. They took that and evaluated it and gave me a certain amount of

brightest and the best should be at the bedside. I felt that way when I was teaching those nursing assistants. I didn't want them to be "sarie gamps". I wanted them to love the patients, to be dedicated to excellence. So I believe now that this requires professional preparation. I think that it requires the greatest amount of preparation. Ideally, we will make it possible for nurses to become B.S.N.'s and Master's and Doctors prepared. I think we have a responsibility that involves the educators in nursing to a greater degree. We in nursing are fond of saying "we" and "our". We assume a lot ownness, but we shouldn't. I noticed in this class which I was talking about first -- people would say "we" or "nursing" did this. Baloney! We were primary employees in the 40's and _____ before that. We were not allowed to assume a position of leadership. The area where we did, in patient care, we were marvelous. We got all this work done and to the best methods possibly done. And in a way that it's not being done now. We took absolute care of the patients. But we were not allowed to have a voice in our own destiny. So you can't fault someone for not attaining something that was not attainable for them. Nursing was simply -- we were women, we were cast in a subservient role. Even now I hear with regard to our duties that we haven't always done ... Baloney, nursing has always done more than it's share and we should not take the blame for administrators' and doctors' shortsightedness. They have always assumed they have taken the majority of the healthcare dollar, and we have always gotten the dregs, which is absolutely wrong. But let us not now assume the responsibility that is not primarily ours, it is theirs. Here we are going into saviors again. I am not saying that we shouldn't do all we can, but don't let's take the blame for the situation -- it's not ours.

JF In this period of '85 to the present, were you working?

MC I was working.

JF That was the TB control?

MC Yes, public health.

JF And that was to last Fall?

MC Yes.

JF And now you're getting ready to start a new job?

MC Yes, yes. I do have an opportunity to become a Director of Nursing again and as an administrator in a couple of places. I'm choosing to go back into nursing. I want to be back at the bedside of the patient, I want to see for myself what's going on. I want to know. And I want to see what kind of nursing is actually going on. And I want to be part of it. Someone asked me, "What are your goals?" I said, "I have

none, I want to do this now and I'm going to take however long it takes. But I have to do it." So I start Monday in Scottsdale.

JF Now, you're assuming a staff nurse, primary care?

MC Yes. For a month.

JF It's kind of exciting.

MC Yes. I don't know, frankly, if I can do it. Maybe physically I'm not up to it. But I'm sure going to try. I think I will, I think I'll succeed. It will be a real challenge.

JF Yes, I think that you can say that. Given your history of moving into leadership positions, have you always chosen to be a leader?

MC I haven't always chosen that. It's simply that you see a job to be done, it isn't that you are trying to assume any ... If anything, I had always seen leadership primarily as a responsibility. You see something that's not being done, and there's no one else who can or will do it, so you do it. And you quickly summon all the necessary requisites forward. However you can, you do it.

JF Well we don't always know what we can do until we do it.

MC That's true.

JF Okay, well that brings us up to the present. You are doing apparently very good right now with your new degree. I'm going to change the topic here right now, and we are going on to another segment. On the basis of what you've said so far, I think I may know the answer, but have you always wanted to stay in nursing?

MC Yes, yes. I love nursing. I really do. I love it.

JF And of course, you did do something else for awhile?

MC Yes, necessity -- not financial necessity, but I could not be at home with nothing to do. Just so much window washing and cleaning. I felt I really needed to do something to involve myself.

JF So you had said earlier that you married in 1949 and then your children did not come along until '56?

MC 1956 and '58.

JF And then for about, let's see, until 1966 you really worked at raising the children.

MC Yes.

JF But when you went back to work, how did you juggle the work and family responsibilities?

MC With great care, with great care. I managed to -- especially in real estate -- I could make my own time. So I would make certain that I would make my office calls and do whatever I needed to do -- go out and interview people and prepare places for sale -- I did all that during the day and I would make sure I was home by the time the children would get home on the bus at 4:30. It worked out very well.

JF And then when you came here to Arizona ...

MC When I came here, one was in college and the other had started in high school, so I just went to work full-time. I intended part-time, but ended up full-time.

JF And what did you find most supportive in your dual roles?

MC I think my husband, and my children. They were marvelous. They are marvelous. I've been blessed with good children. Really blessed.

JF Okay, the last area in terms of changes in nursing -- have you ever seen yourself as an innovator?

MC Yes, yes.

JF How?

MC In recognizing that there were changes that needed to be made. When I was a charge nurse, I came back into nursing and I acquired some different skills in real estate. I saw that the care was not what I thought it should be and I saw the need for training of the unskilled personnel at bedside. One of the first things I did there was to set it up so that I had nurses who were able and willing to work weekends so that I could offer five days a week, Monday through Friday to these nurses. And of course, they loved it and it worked. It worked. So I had no turnover to speak of, had excellent nurses. For nursing assistants I had different scheduling, but I tried to give them as much as possible, things that they needed, I tried to meet their needs. And then in turn, I expected them to meet the needs of the patients. Whatever changes were necessary, we did. But, of all those years being Director of Nursing and Administrator, and so on, that was the one thing that I demanded. And I demanded it of myself and of the staff -- that they put the patient first. I really feel strongly about that. Everything had to be measured from whether it benefitted the patients or not. And they had to come first.

JF Do you see yourself as a leader?

MC Now that I've been to school, I recognize -- when we studied modes of leadership and management, and so on, I sort laughed and looked at myself and thought, "So that's what you were doing." I recognized then when I had to study it that I had recognized the differences in maturity levels of people and conducted myself according to that. I didn't have the training, but I recognized it when I was able to label it in school at University of Phoenix. It was a very interesting study, and of course, I learned all sorts of things in those courses. But that's when I said, "So, I'm a leader, how do you like that."

JF Now, I do have one question here. Do you see yourself as a leader in the Women's Movement?

MC I've always seen that. I was born free, I retained my maiden name, I've always been Margaret _____ Clements. My first license was issued in that, and I've never changed that. I feel very strongly about that. I feel that many, if not all of the problems that nurses have, are due to their second class citizenship. The sorrow for me is that they don't recognize it, they don't all agree on that. But I think it's absolutely central to that. If we could attain our full citizenship, if we were to become equal under the law in all states as we should be, I think that is central to it. But then we could begin. I see what's happening today. I'm an optimistic person, not pessimistic. I do see many causes for concern in the world today, but I see the emerging role of woman as all positives. As usual, we're being taken advantage of. We're being asked to be all things to all people. But it's always been this way. It's got to change. Men will, I think they will. They will assume their own personhood and they will become mutually caring for the children, and will see this as a neutral role, not significantly for the woman to do -- to raise the children. Granted, it's not today, in 1987, but it will be. So a woman will be able to plan all of her life with a career in mind and be able to assimilate it into her whole being. And then nursing will change, also, in the process. Nursing is changing.

JF Well, it does seem as if women -- nurses, as well as other women -- have been changing in terms of just moving out of home into the workforce in numbers that simply were not comprehensible in 1955.

MC Yes. This goes back to economics. I was very active in civil rights issues in the 60's, well throughout my life. I actually marched in Alabama with Martin Luther King. He said, and it's true, that the core of racism is economic and the core of servitude of women is economic. It's also more than that, it goes back historically.

JF It's very complex.

MC It's complex, yes. Things are not that simple. But, always you will find that if there's a unifying principle, a common denominator, it's the economic factor.

JF Well, I'm impressed that you marched with Martin Luther King. I do not know many people who did that.

MC We got shot at.

JF Yes. But that's a whole new interview, I'm afraid.

MC I have to tell you this. There's something funny. I remember we were living in Huntsville, Alabama, and I was working with a German, I can't remember his name. But anyhow, he had come over ...

JF Werner Van Braun?

MC Yes. At any rate, we were playing bridge one night with this couple, and he was a well-to-do businessman in Huntsville, Alabama and they were talking about the Black situation. This would have been in June, 1965. That day I had been out involved in a march or something, and their maid had been at the march. I knew her -- she was a marvelous leader and we interfaced very positively. Here I am sitting playing bridge with her employers and they're telling me about how it's just the northerners, it was the outsiders, not we Alabamians, who were doing this, and blah, blah, blah... And I said, "Oh, what is your input? It's marvelous that you know how these people feel." Well, she had to her voice, I asked her name and I wanted to be sure I knew her. I thought, "If you only knew, if you only knew." And I thought, "How blind are we who do not choose to see."

JF Those were very difficult times.

MC Those were very interesting times. But I learned a great deal. I learned truly, that the humanity that unites us is greater than anything that divides us. And this is true of religion, it's true of everything. If we can only see our common humanity, with regard to sex, or whatever. And I think these are the views that we need bring to the patients. They need the brightest and best, and this is why we have to be educated.

JF Well, I think this concludes the material that I have on my list. Before we do conclude the interview, do you have any further comments that you would like to make that I have not addressed or that you would like to say?

MC Not really. I just want to thank you for this opportunity. I love nursing, and certainly the Cadet Corps, without which I would not be a nurse. I've lived my life as a nurse,

fought as a nurse, learned how to be a nurse. Thanks to this Bolton Act. I think that the Government should absolutely subsidize, if you want use that word, nursing education. I think they should aim certainly at the poor people. These are an untapped reservoir. I think maybe middle class women, they don't want to be nurses. I don't know -- I wouldn't limit nursing to anything. But I think that the poor are our greatest resource. To educate them truly, to lead them out of darkness and direct them to be of service to people. They are many -- it's an untapped resource and we need to address ourselves to this. These people especially need our help. I see this as part of Government, absolutely.

JF Well, I want to say that you are not the first person I've talked to who has said something like this, with this kind of message. I want to thank you for giving me your time.

MC I've been honored.